

Membership Application DeMolay Squire

1.	Name:	First Name	Middle Name	Last Name	
2.	Address:	Histivanie		Last Name	
3.	Phone:	Number and Street	City/Town	Postal Code	
		Home phone	Cell phone	State/Province	
4.	Email:	Best email address	In providing your email and phone number, you are authorizing DeMolay t communicate electronically with you at the contacts listed in this application		
5.	Birth Date:	DD MM YYYY	6. Shirt Size: ☐ S ☐ M ☐ L	□ XL □ XXL □ Other	
7.	School:	Grade	School Attending		
8.	School Activity:	Claba	O-manifestions	Estas assertantes	
a	Favorite:	Clubs	Organizations	Extracurriculars	
/.		Subject	Class	Teacher	
		Hobbies	Book	Movie	
		Notes Comp	4	Other	
10.	Work:	Video Game	Арр	Other	
		Yes No Not applicable	If yes, where?		
11.	Do you believe	in God or a Supreme Being/Deit	zy?		
11.	·	in God or a Supreme Being/Deit	Yes No		
11.	·	• •	Yes No	me in my activities.	
	·	in God or a Supreme Being/Deit	Yes No	me in my activities.	
12.	My Parent Parent/Guardian	in God or a Supreme Being/Deit	Yes No	me in my activities. Last Name	
12.	My Paren	in God or a Supreme Being/Deit ts/Guardians approve of me joi Trick Name	Yes No ning DeMolay and support I Middle Name/Initial	Last Name	
12. 13.	My Parent Parent/Guardian Address:	in God or a Supreme Being/Deit ts/Guardians approve of me joi	ning DeMolay and support		
12. 13.	My Parent Parent/Guardian	in God or a Supreme Being/Deit ts/Guardians approve of me joi T: First Name Number and Street	Yes No ning DeMolay and support I Middle Name/Initial City/Town	Last Name Postal Code	
12. 13. 14.	My Parent Parent/Guardian Address:	in God or a Supreme Being/Deit ts/Guardians approve of me joi Trick Name	Pes No ning DeMolay and support I Middle Name/Initial City/Town Cell phone In providing your email and phone nu	Last Name Postal Code State/Province mber, you are authorizing DeMolay to	
12. 13. 14.	My Parent Parent/Guardian Address: Best Phone:	in God or a Supreme Being/Deit ts/Guardians approve of me joi T: First Name Number and Street	Pes No ning DeMolay and support I Middle Name/Initial City/Town Cell phone In providing your email and phone nu	Last Name Postal Code State/Province	
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12. 13. 14. 15.	My Parent Parent/Guardian Address: Best Phone: Email: Parent/Guardian	in God or a Supreme Being/Deit ts/Guardians approve of me joi First Name Number and Street Home phone Best email address	Pes No ning DeMolay and support I Middle Name/Initial City/Town Cell phone In providing your email and phone nu	Last Name Postal Code State/Province mber, you are authorizing DeMolay to	
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12. 13. 14. 15. 16.	My Parent Parent/Guardian Address: Best Phone: Email: Parent/Guardian	in God or a Supreme Being/Deit ts/Guardians approve of me joi First Name Number and Street Home phone Best email address T: First Name	No ning DeMolay and support of the	Last Name Postal Code State/Province mber, you are authorizing DeMolay to the contacts listed in this application. Last Name	
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The following is t	o be completed by the Chapter:						
Date of Applica	tion:	Membership Fee:					
Recommende	d by:						
21. DeMolay Sponsor		Member ID	DD MM	үүүү			
22. Second DeMolay Sponsor		Member ID	DD MM	YYYY			
23. Masonic or Senior Del	Molay Sponsor	Member ID	DD MM	YYYY			
Is the applicant's father a Senior DeMolay?		Yes No	If yes, what Chapter?				
	nt have any Masonic relatives?	Yes No					
ii yes, wilo and no	ow are they related:						
	nay be interested:						
24.		Phone Email					
25.		THORE	Lillali				
Name 24		Phone	Email				
26.		Phone	Email				
Eligibility:							
 A membership application for DeMolay may be received only from a young man who has passed his twelfth birthday and has not reached his twenty-first birthday and recommended by two members, or by a Senior DeMolay, or by a Mason. 							
 A membership application for Squires may be received only from a young man who has passed his ninth birthday and has not reached his twelfth birthday. 							
 Membership shall be considered based on character and moral qualifications as prescribed in The Landmarks of DeMolay. 							
27. Administration:							
	Date Application Received	Membership Fee Due	Payment Method				
	First Reading	Interview Committee Assigned	Interview Chairman				
	Interview Member #1	Interview Member #2	Interview Advisor				
	Second Reading	Balloting	Result				
	Initiatory Degree Date	DeMolay Degree Date					
	Date Degrees entered into eScribe	By Whom	Date assigned Ritual				

Date of Second Obligation

Date Obligations entered into eScribe

Date of First Obligation