

D.A.D.

Demolay Advisor Development Program

D.A.D. CERTIFICATION REPORT FORM

Jurisdiction of _____

Total Certified _____

Date of Seminar _____

Location _____

Signed _____
(Certified Director)

NEW CERTIFIED ADVISORS – The following have completed the D.A.D. Basic Training Program of the DeMolay Advisor Development Program.

1. NAME _____ ID# _____
Address _____
City _____ State _____ Zip _____
DeMolay Chapter _____ Chapter # _____
2. NAME _____ ID# _____
Address _____
City _____ State _____ Zip _____
DeMolay Chapter _____ Chapter # _____
3. NAME _____ ID# _____
Address _____
City _____ State _____ Zip _____
DeMolay Chapter _____ Chapter # _____
4. NAME _____ ID# _____
Address _____
City _____ State _____ Zip _____
DeMolay Chapter _____ Chapter # _____
5. NAME _____ ID# _____
Address _____
City _____ State _____ Zip _____
DeMolay Chapter _____ Chapter # _____