

DeMolay Membership Application
(Please Print)

Name: _____
Address: _____
City: _____ State & Zip: _____
Phone: () _____ Birthdate: _____
Alternate Phone: () _____
Email: _____
Parent's Email: _____
School Attending: _____ Grade: _____
Clubs & Organizations: _____

My parents/guardians approve of my joining DeMolay.

Father's Name: _____
Mother's Name: _____
Is your father a Senior DeMolay? _____
Is your father a Mason? _____
Applicant's Signature: _____
Parent/Guardian Signature: _____



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Father's Name: _____
Mother's Name: _____
Is your father a Senior DeMolay? _____
Is your father a Mason? _____
Applicant's Signature: _____
Parent/Guardian Signature: _____

