

Pennsylvania DeMolay

APPLICATION FOR MEMBERSHIP

To the Master Councilor, Officers, Members and Advisors:

Date _____

I, _____
(Print) (First Name) (Middle Name) (Last Name) (Nickname)

respectfully request that I be considered as a candidate for membership in the Order of DeMolay. I am making this application because of a favorable opinion of DeMolay. I am a firm believer in God. I know of no moral reason that would prevent me from becoming a DeMolay. I promise to comply with all the rules and regulations of DeMolay International, and those of this Chapter.

Address _____
(Number) (Street) (City, State, Zip Code)

Telephone (_____) _____ Religious affiliation _____

I was born _____, at _____ My age is _____
(Month) (Day) (Year) (City, State)

My e-mail address is _____

I attend the following school _____ Current Grade _____

Father's Name _____ Occupation _____

Father's Address (if different from mine) _____

My father (is) (is not) a Freemason and is a member of _____ Lodge No. _____

My father (is) (is not) a Senior DeMolay, (former member), of _____ Chapter _____

Mother's Name _____ Occupation _____

Mother's Address (if different from mine) _____

Have you ever been convicted of a crime? (Circle one) **Yes / No**

Have you ever been rejected for DeMolay membership in this or any other Chapter? (Circle one) **Yes / No**

(If you circle "Yes" for either of the above, please attach a written explanation. Circling "Yes" does not necessarily prevent the acceptance of this application. However, providing false information on this application will cause it to be rejected.)

(Sign here) _____
(First Name) (Middle Name) (Last Name)

(Fee of _____ Dollars must accompany this application.)

I recommend the following friends as prospective members for this Chapter:

(Name) (Address) (Telephone #) (E-mail)

(Name) (Address) (Telephone #) (E-mail)

I / We approve of my / our son becoming a member of the Order of DeMolay _____
(Parent signature)

We cheerfully recommend the above applicant for membership in the Order of DeMolay.

Signature

Print Name

1st line signer _____

2nd line signer _____

Masonic Sponsor _____

Lodge _____
(Name) (No.) (Location)

VISITATION COMMITTEE REPORT

1. Committee consists of at least two DeMolays and one Advisor.
2. Application should be completed in full and signed by the applicant.
3. Committee Report should be completed in full and signed by all members and the Advisor.
4. Obtain the complete fee for membership and return the fee and this form to the Chapter.

Date of Visitation: _____

Report of the Visitation Team: _____ Favorable _____ Unfavorable

Other Comments: _____

Signed by the Committee

Chairman: _____ Advisor: _____

DeMolay: _____ DeMolay: _____

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SCRIBE'S RECORD

Received: _____ Obligated in Initiatory Degree: _____

Fee Collected: \$ _____ Obligated in DeMolay Degree: _____

First Reading: _____ Initiatory Degree Conferred: _____

Second Reading: _____ DeMolay Degree Conferred: _____

Ballot Date(s): _____

A Form 10 must be sent for each of the above dates, as applicable.

Elected Held over Rejected



Lycoming Chapter
cordially invites you to accept the challenge
to grow and excel in the Order of DeMolay.

To be a DeMolay:

- **Believe in God**
- **Display good moral character**
- **Be between the ages of 12 and 21**

Questions about DeMolay?

Pennsylvania DeMolay
1244 Bainbridge Road
Elizabethtown, PA 17022
717-367-1536 x 4
800-266-8424 (in PA only)

www.pademolay.org

Or contact: