

## 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 nu communicate electronically with you a	mber, you are authorizing DeMolay to t 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 asserting form
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
12. 13. 14.	My Parent Parent/Guardian Address: Best Phone: Email:	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
12. 13. 14.	My Parent Parent/Guardian Address: Best Phone:	in God or a Supreme Being/Deit  ts/Guardians approve of me joi  First Name  Number and Street  Home phone  Best email address	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.
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
12. 13. 14. 15.	My Parent Parent/Guardian Address: Best Phone: Email:	in God or a Supreme Being/Deit  ts/Guardians approve of me joi  First Name  Number and Street  Home phone  Best email address	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.
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
12. 13. 14. 15. 16. 17.	My Parent Parent/Guardian Address: Best Phone: Email: Parent/Guardian Address: Phone:	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	Middle Name/Initial  City/Town  Cell phone In providing your email and phone nu communicate electronically with you a  Middle Name/Initial  City/Town  Cell phone	Last Name  Postal Code  State/Province  mber, you are authorizing DeMolay to the contacts listed in this application.  Last Name  Postal Code  State/Province
12. 13. 14. 15. 16. 17.	My Parent Parent/Guardian Address: Best Phone: Email: Parent/Guardian Address:	in God or a Supreme Being/Deit  ts/Guardians approve of me joi  First Name  Number and Street  Home phone  Best email address  First Name  Number and Street  Home phone	Middle Name/Initial  City/Town  Cell phone In providing your email and phone nu communicate electronically with you a  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 the contacts listed in this application.  Last Name  Postal Code
12. 13. 14. 15. 16. 17. 18.	My Parent Parent/Guardian Address: Best Phone: Email: Parent/Guardian Address: Phone: Email:	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  Number and Street  Home phone  Best email address	Middle Name/Initial  City/Town  Cell phone In providing your email and phone nu communicate electronically with you a  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 the contacts listed in this application.  Last Name  Postal Code  State/Province mber, you are authorizing DeMolay to
12. 13. 14. 15. 16. 17. 18.	My Parent Parent/Guardian Address: Best Phone: Email: Parent/Guardian Address: Phone: Email:	in God or a Supreme Being/Deit  ts/Guardians approve of me joi  First Name  Number and Street  Home phone  Best email address  First Name  Number and Street  Home phone	Middle Name/Initial  City/Town  Cell phone In providing your email and phone nu communicate electronically with you a  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 the contacts listed in this application.  Last Name  Postal Code  State/Province mber, you are authorizing DeMolay to
12. 13. 14. 15. 16. 17. 18.	My Parent Parent/Guardian Address: Best Phone: Email: Parent/Guardian Address: Phone: Email: Parent(s)/Guar	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  Number and Street  Home phone  Best email address	Middle Name/Initial  City/Town  Cell phone In providing your email and phone nu communicate electronically with you a  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 the contacts listed in this application.  Last Name  Postal Code  State/Province mber, you are authorizing DeMolay to

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	YYYY			
22. Second DeMolay Sponsor		Member ID	DD MM	YYYY			
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, who and no	ow are they related?						
Friends that may be interested:							
24.		Phone Email					
25.		, ,,,,,,,	Lillali				
Name 26.		Phone	Email				
Name		Phone	Email				
Eligibility:							
<ul> <li>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.</li> </ul>							
<ul> <li>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.</li> </ul>							
<ul> <li>Membership shall be considered based on character and moral qualifications as prescribed in The Landmarks of DeMolay.</li> </ul>							
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