



DEMOLAY

SQUIRES

MEMBERSHIP APPLICATION

1. First Name: _____

Middle Name: _____

Last Name: _____

2. Preferred Name: _____

3. Address: _____

4. City: _____ 5. State: _____ & Zip: _____

6. Phone: _____ 7. Birthdate: _____

8. Email: _____

9. School Attending: _____

10. Grade/Year: _____

11. Favorite School Subject(s): _____

12. References: List 2 friends (your age) you have known for one year:

Name: _____

Email: _____

Phone: _____

Name: _____

Email: _____

Phone: _____

13. Hobbies/Interests: _____

14. Clubs/Organizations: _____

15. Church/Place of Worship: _____

16. My Parents/Guardians approve of my joining DeMolay. Yes / No

16.b Parent/Guardian 1 FULL Name: _____

Parent/Guardian 1 Address: _____

Parent/Guardian 1 Phone: _____

Parent/Guardian 1 Email: _____

16b. Parent/Guardian 2 FULL Name: _____

Parent/Guardian 2 Address: _____

Parent/Guardian 2 Phone: _____

Parent/Guardian 2 Email: _____

17. Is your parent/guardian a Senior DeMolay? _____ If so, where? _____

18. Is your parent/guardian a Mason? _____ If so, where? _____

By signing this application, you are hereby agreeing to join DeMolay Squires, and live by the virtues and precepts of love for parents, belief in a higher power, courtesy, comradeship, fidelity, cleanness, and patriotism.

19. Applicant Signature: _____

20. Squire's Sponsor ID: _____ Squire's Sponsor's Name: _____

Squire's Sponsor Signature (*First Line Signer*): _____

Parent/Guardian Signature: _____

Your Life Membership Fee of: \$35 must accompany this application.

Make checks out to: **DeMolay**

www.beademolay.org

5thDistOHDM@gmail.com

567.376.9741