

1. Name:     
*First Name Middle Name Last Name*

2. Address:     
*Number and Street City/Town Postal Code*

3. Phone:     
*Home phone Cell phone State/Province*

4. Email:  In providing your email and phone number, you are authorizing DeMolay to communicate electronically with you at the contacts listed in this application.  
*Best email address*

5. Birth Date:    6. Shirt Size:  S  M  L  XL  XXL  Other \_\_\_\_  
*DD MM YYYY*

7. School:    
*Grade School Attending*

8. School Activity:     
*Clubs Organizations Extracurriculars*

9. Favorite:     
*Answer at least 3. Subject Class Teacher*  
*Hobbies Book Movie*  
*Video Game App Other*

10. Work:      
*Yes No Not applicable If yes, where?*

11. Do you believe in God or a Supreme Being/Deity?    
*Yes No*

***My Parents/Guardians approve of me joining DeMolay and support me in my activities.***

12. Parent/Guardian:     
*First Name Middle Name/Initial Last Name*

13. Address:     
*Number and Street City/Town Postal Code*

14. Best Phone:     
*Home phone Cell phone State/Province*

15. Email:  In providing your email and phone number, you are authorizing DeMolay to communicate electronically with you at the contacts listed in this application.  
*Best email address*

16. Parent/Guardian:     
*First Name Middle Name/Initial Last Name*

17. Address:     
*Number and Street City/Town Postal Code*

18. Phone:     
*Home phone Cell phone State/Province*

19. Email:  In providing your email and phone number, you are authorizing DeMolay to communicate electronically with you at the contacts listed in this application.  
*Best email address*

20. Parent(s)/Guardian(s) Signature: X  X   
*Signature Date: Signature Date:*

**The following is to be completed by the Chapter:**

Date of Application:  Membership Fee:

Recommended by:

21.     
*DeMolay Sponsor Member ID DD MM YYYY*

22.     
*Second DeMolay Sponsor Member ID DD MM YYYY*

23.     
*Masonic or Senior DeMolay Sponsor Member ID DD MM YYYY*

Is the applicant's father a Senior DeMolay?     
*Yes No If yes, what Chapter?*

Does the applicant have any Masonic relatives?    
*Yes No*

If yes, who and how are they related?

Friends that may be interested:

24.     
*Name Phone Email*

25.     
*Name Phone Email*

26.     
*Name Phone Email*

**Eligibility:**

- 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.
- 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.
- Membership shall be considered based on character and moral qualifications as prescribed in The Landmarks of DeMolay.

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 First Obligation Date of Second Obligation Date Obligations entered into eScribe*