



Ohio DeMolay Application for Membership in the International Order of DeMolay

NAME:

LAST

MIDDLE

FIRST

CHAPTER:

NAME

NUMBER

(PLEASE PRINT)

DATE ___/___/___

NAME _____ NICKNAME _____
First Middle Last

RESIDENCE ADDRESS _____
Street City State Zip

DATE OF BIRTH ___/___/___ PLACE _____ AGE _____

TELEPHONE _____ I ATTEND _____
School Grade

PLACE OF WORSHIP _____

I hereby apply for membership in the Order of DeMolay, and proudly proclaim that I believe in God.
I know of no moral reason that would prevent me from becoming a member.

(Sign here) _____

I recommend the following friends as prospective members (not a requirement in becoming a member):

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Father's or Male Guardian's full name is: _____

Mother's or Female Guardian's full name is: _____

Father or Male Guardian is not a Mason _____
Father or Male Guardian is a Mason and a member of: _____
Masonic Lodge No. Location

Father or Male Guardian is not a Senior DeMolay _____
Father or Male Guardian is a Senior DeMolay and was a member of _____
Chapter Location

I approve of my son (or ward) becoming a member of the Order of DeMolay.

(Sign here) _____
Parent or Guardian

I recommend the above applicant for membership in the Order of DeMolay.

Recommended by two Members of the Chapter: _____

Masonic Sponsor: _____
Lodge No. Location