



MEMBERSHIP APPLICATION

(PETITION)
An Organization for Young Men

1. Name: _____ 2. Date: _____
3. Address: _____
4. City: _____ 5. State & Zip: _____
6. Phone: () _____ 7. Birthdate: _____
8. E-mail: _____
9. School Attending: _____ 10. Grade: _____
11. Favorite School Subject(s): _____
- _____
12. Hobbies/Interests: _____
- _____
13. Clubs, Organizations: _____
- _____
14. Church/Synagogue: _____
15. References: List 3 friends (your age) you have known for one year:
- | | | |
|-------------|----------------|--------------|
| Name: _____ | Address: _____ | Phone: _____ |
| Name: _____ | Address: _____ | Phone: _____ |
| Name: _____ | Address: _____ | Phone: _____ |

My Parents/Guardians approve of my joining DeMolay.

16. Father's Name: _____ 17. Mother's Name: _____
18. Is your father a Senior DeMolay? _____ If so, where? _____
19. Is your father a Mason? _____ If so, where? _____
20. Parent/Guardian Signature: _____
21. Applicant's Signature: _____
22. DeMolay Sponsor's Name and Signature: _____
- 22B. Second DeMolay Sponsor's Name and Signature: _____
23. Masonic Sponsor's Name and Signature: _____

Your Life Membership Fee of: \$45.00 must accompany this application.