Membership Application

Please Print Clearly

An Organization for Young Men

Applicant Information

Date: ____ / ____ / ____

Name: _____ Birthdate: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Email Address: _____

School Attending: _____

Hobbies/ Interests: _____

_____

Applicant Signature: _____

Parent/ Guardian Information

Father's Name: _____

Phone Number: (____) _____ Email Address: _____

Mother's Name: _____

Phone Number: (____) _____ Email Address: _____

Parent / Guardian SIgnature: _____

My Parent(s)/ Guardian(s) approve of my joining DeMolay

DeMolay Sponsor Signature (Line 1): _____

DeMolay Sponsor Signature (Line 2): _____

Masonic Sponsor Signature: _____

Your Life Membership Fee of : _____ *must accompany this application*

For more information check out Minnesota DeMolay on the web at www.mndemolay.org or www.demolay.org