



MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

NAME: _____ DATE: ___/___/___

ADDRESS: _____

CITY: _____ STATE & ZIP: _____

HOME PHONE: () _____ CELL: () _____ BIRTHDATE: ___/___/___

AGE: _____ E-MAIL: _____

PARENT OR GUARDIAN INFORMATION

NAME: _____ NAME: _____

EMAIL: _____ EMAIL: _____

CELL:() _____ CELL:() _____

IS YOUR FATHER A SR. DEMOLAY? Y___ N___ IS HE A FREEMASON? Y___ N___

SCHOOL ATTENDING: _____ GRADE: _____

FAVORITE SCHOOL SUBJECTS: _____

HOBBIES/INTERESTS: _____

ARE YOU A MEMBER OF OTHER CLUBS OR ORGANIZATIONS? (LIST):

REFERENCES: LIST 3 OF YOUR FRIENDS YOU'VE KNOWN FOR OVER A YEAR:

NAME: _____ PHONE: () _____

ADDRESS: _____

NAME: _____ PHONE: () _____

ADDRESS: _____

NAME: _____ PHONE: () _____

ADDRESS: _____

PARENT/GUARDIAN SIGNATURE: _____

I APPROVE OF HIM JOINING

APPLICANT'S SIGNATURE: _____

DEMOLAY SPONSOR'S NAME AND SIGNATURE: _____

2nd DEMOLAY SPONSOR'S NAME AND SIGNATURE: _____

MASONIC SPONSOR'S NAME AND SIGNATURE: _____

THE MEMBERSHIP FEE OF \$_____ ACCOMPANIES THIS PETITION

THANK YOU FOR PETITIONING MINNESOTA DEMOLAY