

# *Susquehanna DeMolay*

## APPLICATION FOR MEMBERSHIP

To the Master Councilor, Officers, Members and Advisors:

Date \_\_\_\_\_

I, \_\_\_\_\_  
(Print) (First Name) (Middle Name) (Last Name) (Nickname)

respectfully request that I be considered as a candidate for membership in the Order of DeMolay. I am making this application because of a favorable opinion of DeMolay. I am a firm believer in God. I know of no moral reason that would prevent me from becoming a DeMolay. I promise to comply with all the rules and regulations of DeMolay International, and those of this Chapter.

Address \_\_\_\_\_  
(Number) (Street) (City, State, Zip Code)

Telephone (\_\_\_\_\_) \_\_\_\_\_ Religious affiliation \_\_\_\_\_

I was born \_\_\_\_\_, at \_\_\_\_\_ My age is \_\_\_\_\_  
(Month) (Day) (Year) (City, State)

My e-mail address is \_\_\_\_\_

I attend the following school \_\_\_\_\_ Current Grade \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Address (if different from mine) \_\_\_\_\_

My father (is) (is not) a Freemason and is a member of \_\_\_\_\_ Lodge No. \_\_\_\_\_

My father (is) (is not) a Senior DeMolay, (former member), of \_\_\_\_\_ Chapter

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Address (if different from mine) \_\_\_\_\_

Have you ever been convicted of a crime? (Circle one) **Yes / No**

Have you ever been rejected for DeMolay membership in this or any other Chapter? (Circle one) **Yes / No**

*(If you circle "Yes" for either of the above, please attach a written explanation. Circling "Yes" does not necessarily prevent the acceptance of this application. However, providing false information on this application will cause it to be rejected.)*

(Sign here) \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

(Fee of \_\_\_\_\_ Dollars must accompany this application.)

I recommend the following friends as prospective members for this Chapter:

\_\_\_\_\_  
(Name) (Address) (Telephone #) (E-mail)

\_\_\_\_\_  
(Name) (Address) (Telephone #) (E-mail)

I / We approve of my / our son becoming a member of the Order of DeMolay \_\_\_\_\_  
(Parent signature)

We cheerfully recommend the above applicant for membership in the Order of DeMolay.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

1st line signer \_\_\_\_\_

2nd line signer \_\_\_\_\_

Masonic Sponsor \_\_\_\_\_

Lodge \_\_\_\_\_  
(Name) (No.) (Location)

**VISITATION COMMITTEE REPORT**

1. Committee consists of at least two DeMolays and one Advisor.
2. Application should be completed in full and signed by the applicant.
3. Committee Report should be completed in full and signed by all members and the Advisor.
4. Obtain the complete fee for membership and return the fee and this form to the Chapter.

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Date of Visitation: \_\_\_\_\_

Report of the Visitation Team: \_\_\_\_\_ Favorable \_\_\_\_\_ Unfavorable

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed by the Committee

Chairman: \_\_\_\_\_ Advisor: \_\_\_\_\_

DeMolay: \_\_\_\_\_ DeMolay: \_\_\_\_\_

**SCRIBE'S RECORD**

Received: \_\_\_\_\_

Obligated in Initiatory Degree: \_\_\_\_\_

Fee Collected: \$ \_\_\_\_\_

Obligated in DeMolay Degree: \_\_\_\_\_

First Reading: \_\_\_\_\_

Initiatory Degree Conferred: \_\_\_\_\_

Second Reading: \_\_\_\_\_

DeMolay Degree Conferred: \_\_\_\_\_

Ballot Date(s): \_\_\_\_\_

*A Form 10 must be sent for each of the above dates, as applicable.*

Elected       Held over       Rejected



**cordially invites you to accept the challenge to grow and excel in the Order of DeMolay.**

**To be a DeMolay:**

- **Believe in God**
- **Display good moral character**
- **Be between the ages of 12 and 21**

***Questions about DeMolay?***

**Pennsylvania DeMolay  
1244 Bainbridge Road  
Elizabethtown, PA 17022  
717-367-1536 x 4  
800-266-8424 (in PA only)**

**www.pademolay.org**

**Or contact:**

[Empty box for contact information]