

1.	First Name:	Middle (In):	I	La	ast:				
2.	Preferred Name:								
3.	Address:								
4.	City:		5.		State & Zip: _				
6.	Phone: ()		7.	. E	Birthdate:				
8.	Email:								
9.	School Attending:								
11.	Favorite School Subject(s):								
	Hobbies/Interests:								
13.	Clubs/Organizations:								
14.	Church/Place of Worship:								
	References: List 2 friends (your age) you have known for one year:								
	Name:	Email:				Phone: ()		
	Name:	Email:				Phone: ()		
16.	DeMolay Sponsor ID:	DeMolay Sponsor's N	Nam	ne					
My Parents/Guardians approve of my joining DeMolay.									
17.	Parent/Guardian Name:	Parent/G	uarc	dio	an Name:				
19.	Is your parent/guardian a Senior DeMolay?	If so, whe	re?						
20.	Is your parent/guardian a Mason?	If so, whe	re?						
By signing this petition, you are hereby agreeing to join DeMolay, and live by the virtues and precepts of love for parents, belief in a higher power, courtesy, comradeship, fidelity, cleanness, and patriotism.									
DeMolay Sponsor Signature:									
Parent/Guardian Signature:									
Applicant Signature:									

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