

Squires Registration Form-S

This statement is to be sent to the service and leadership center within TEN days after the Induction is conferred.
This form should also be used to report any change in current member's status.

Manor; Manor #	
Located in	
City	State

Number receiving Induction: _____
Status Change: _____

Amount of check accompanying this report: \$ _____
\$18.00 for each Squire reported

IMPORTANT REVISIONS: Form S includes spaces for 4 Initiates and parental information.

WHEN PREPARING, BE SURE TO INCLUDE THE NAME AND ID OF THE FIRST LINE SIGNER.

	DATES DEGREES RECEIVED	
PRINT FULL NAME LAST NAME FIRST NAME MIDDLE NAME	YEAR 20_____	
Name (in full)	Birth Date mm/dd/yyyy	Induction mm/dd/yyyy
Mailing Address	_____	
City, State, Zip Code	_____	
E-Mail		
Parent's Name (in full)	Father Senior DeMolay? YES NO	
Mailing Address	Name of first line signer of this petition ID#	
City, State, Zip Code		
E-Mail	Status Change Action Date ID #	
Phone		
Name (in full)	Birth Date mm/dd/yyyy	Induction mm/dd/yyyy
Mailing Address	_____	
City, State, Zip Code	_____	
E-Mail		
Parent's Name (in full)	Father Senior DeMolay? YES NO	
Mailing Address	Name of first line signer of this petition ID#	
City, State, Zip Code		
E-Mail	Status Change Action Date ID #	
Phone		
Name (in full)	Birth Date mm/dd/yyyy	Induction mm/dd/yyyy
Mailing Address	_____	
City, State, Zip Code	_____	
E-Mail		
Parent's Name (in full)	Father Senior DeMolay? YES NO	
Mailing Address	Name of first line signer of this petition ID#	
City, State, Zip Code		
E-Mail	Status Change Action Date ID #	
Phone		
Name (in full)	Birth Date mm/dd/yyyy	Induction mm/dd/yyyy
Mailing Address	_____	
City, State, Zip Code	_____	
E-Mail		
Parent's Name (in full)	Father Senior DeMolay? YES NO	
Mailing Address	Name of first line signer of this petition ID#	
City, State, Zip Code		
E-Mail	Status Change Action Date ID #	
Phone		