



Squires Membership APPLICATION (PETITION) An Organization for Young Men

1. Name: _____ 2. Date: _____

3. Address: _____

4. City: _____ 5. State & Zip: _____

6. Phone: () _____ 7. Birthdate: _____

8. E-mail: _____

9. School Attending: _____ 10. Grade: _____

11. Favorite School Subject(s): _____

12. Hobbies/Interests: _____

13. Clubs, Organizations: _____

14. Church/Synagogue: _____

15. References: List 3 friends (your age) you have known for one year:

Name: _____ Address: _____ Phone: () _____

Name: _____ Address: _____ Phone: () _____

Name: _____ Address: _____ Phone: () _____

My Parents/Guardians approve of my joining DeMolay.

16. Father's Name: _____ 17. Mother's Name: _____

18. Is your father a Senior DeMolay? _____ If so, where? _____

19. Is your father a Mason? _____ If so, where? _____

20. Parent/Guardian Signature: _____

21. Applicant's Signature: _____

22. DeMolay Sponsor's Name and Signature: _____

22B. Second DeMolay Sponsor's Name and Signature: _____

23. Masonic Sponsor's Name and Signature: _____

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

Contact your local Chapter for fee amount.