



APPLICATION FOR REPRESENTATIVE DEMOLAY FORM

Member I.D. No. _____ Chapter I.D. No. _____ Age _____ Birthdate _____

Name _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Initiatory Degree Date _____ DeMolay Degree Date _____

Chapter _____ Location _____

Approved _____
Chapter Dad Advisor, RD Advisor, or Chairman

Address _____

City _____ Zip _____

To be eligible for the Representative DeMolay recognition, you must have been a DeMolay for a minimum of six (6) months, passed both of your obligations and have compiled a satisfactory record of DeMolay activities. Those over 21 years of age are eligible, provided they continue to show an active interest in DeMolay.

Then have this application approved by your Chapter R.D. Advisor, Chapter Dad Advisor, or Advisory Council Chairman. Send it along with the regalia fee of 8.00 to:

Your Representative DeMolay form should be returned to you within two weeks. The fee submitted covers the cost of the lapel pin, wallet card, certificate forms and postage.