



Michigan DeMolay

MEMBERSHIP APPLICATION

(POCKET PETITION)

An Organization for Young Men

1. Name:

2. Date: _____

3. Address: _____

4. City: _____

5. State & Zip: _____

6. Phone: () _____

7. Birthdate: _____

8. School Attending: _____

9. Grade: _____

10. Favorite School Subject(s):

11. Hobbies/Interests:

12. Clubs, Organizations:

13. Church/Synagogue:

14. References: List three 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.

15. Father's Name:

16. Mother's Name:

17. Is your father a Senior DeMolay?

_____ If so, where?

18. Is your father a Mason?

_____ If so, where?

19. Parent/Guardian Signature:

20. Applicant's Signature:

21. DeMolay Sponsor's Name and Signature:

21B. Second DeMolay Sponsor's Name and Signature:

22. Masonic Sponsor's Name and Signature:

Your Life Membership Fee of:

_____ must accompany

this application.