

CHAPTER USE ONLY

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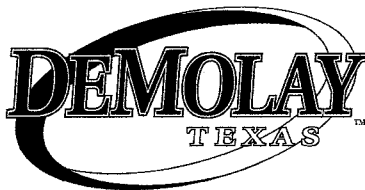
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DeMOLAY _____

WWW.TXDEMOLAY.ORG



MEMBERSHIP APPLICATION

H. Malvern Marks Chapter

****An Organization for Young Men****

Full Name: _____ **Date:** _____

Address: _____ **City/Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____ **D.O.B.:** _____

School: _____ **Grade:** _____

Email Address: _____

Favorite School Subjects: _____

Hobbies: _____

Clubs, Organizations: _____

Church/Synagogue: _____

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.

Father's Name: _____ **Mother's Name:** _____

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

Is your father a Mason? _____ **If so, where?** _____

Parent/Guardian Signature: _____

Applicant's Signature: _____

DeMolay Sponsor's Name & Signature: _____

2nd DeMolay Sponsor's Name & Signature: _____

Masonic Sponsor's Name & Signature: _____

Your Life Membership Fee of \$100 must accompany this application