



MEMBERSHIP APPLICATION

Building Leaders of Character Since 1919

www.iowademolay.net

Name: _____ Date: _____

Address: _____

City: _____ State & Zip: _____

Home phone: () _____ Birthdate: _____

Cell phone: () _____

E-mail: _____

School Attending: _____ Grade: _____

Favorite School Subject(s): _____

Hobbies/Interests: _____

Clubs, Organizations: _____

Church/Synagogue: _____

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

Name: _____ Phone: _____ Age: _____

Name: _____ Phone: _____ Age: _____

Name: _____ Phone: _____ Age: _____

My Parents/Guardians approve of my joining DeMolay.

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

Cell phone: () _____ Cell phone: () _____

E-mail: _____ E-mail: _____

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 and Signature: _____

Your Life Membership Fee of \$35 must accompany this application.