

Membership Application DeMolay Squire

1.					
2.	Address:	First Name	Middle Name	Last Name	
3	Phone:	Number and Street	City/Town	Postal Code	
٥.		Home phone	Cell phone	State/Province	
4.	Email:	Best email address	In providing your email and phone nur communicate electronically with you at	mber, you are authorizing DeMolay to the contacts listed in this application.	
5.	Birth Date:	DD MM YYYY	6. Shirt Size: S M L	□ XL □ XXL □ Other	
7.	School:	Crada	School Attending		
8.	School Activity:	Grade	School Attending		
٥	Favorite:	Clubs	Organizations	Extracurriculars	
7.		Subject	Class	Teacher	
		Hobbies	Book	Movie	
		Video Game	Арр	Other	
10.	Work:	No.	15		
	11. Do you believe in God or a Supreme Being/Deity? Yes No Not applicable If yes, where? Yes No				
11.	Do you believe	in God or a Supreme Being/Deit	·		
11.	·	in God or a Supreme Being/Deit	Yes No	ne in my activities.	
	·	ts/Guardians approve of me joi	Yes No	ne in my activities.	
12.	My Parent Parent/Guardian	ts/Guardians approve of me joi	Yes No	ne in my activities. Last Name	
12. 13.	My Parent Parent/Guardiar Address:	ts/Guardians approve of me joi	ning DeMolay and support n		
12. 13.	My Parent Parent/Guardian	nts/Guardians approve of me join: First Name Number and Street	Yes No ning DeMolay and support r Middle Name/Initial City/Town	Last Name	
12. 13. 14.	My Parent Parent/Guardiar Address:	ts/Guardians approve of me join: First Name	No ning DeMolay and support re Middle Name/Initial City/Town Cell phone In providing your email and phone nu	Last Name Postal Code State/Province mber, you are authorizing DeMolay to	
12. 13. 14.	My Parent Parent/Guardian Address: Best Phone:	nts/Guardians approve of me join: First Name Number and Street	Yes No ning DeMolay and support re Middle Name/Initial City/Town Cell phone	Last Name Postal Code State/Province mber, you are authorizing DeMolay to	
12. 13. 14. 15.	My Parent Parent/Guardian Address: Best Phone:	nts/Guardians approve of me join: First Name Number and Street Home phone Best email address	No ning DeMolay and support re Middle Name/Initial City/Town Cell phone In providing your email and phone nuicommunicate electronically with you at	Last Name Postal Code State/Province mber, you are authorizing DeMolay to the contacts listed in this application.	
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