



NEW YORK

MEMBERSHIP APPLICATION

www.beademolay.org

1. First Name: _____ Middle: _____ Last: _____

2. Preferred Name: _____

3. Address: _____

4. City: _____

5. State & Zip: _____

6. Phone: (_____) _____

7. Birthdate: _____

8. Email: _____

9. School Attending or Home Schooled: _____

10. Grade: _____

11. Favorite School Subject(s): _____

12. Hobbies/Interests: _____

13. Clubs/Organizations: _____

14. Do you have a belief in a higher power? *: _____

15. References: List 2 friends (your age) you have known for one year:

Name: _____ Email: _____ Phone: (____) _____

Name: _____ Email: _____ Phone: (____) _____

My Parents/Guardians approve of my joining DeMolay.

16. Parent/Guardian Name: _____ Parent/Guardian Name: _____

17. Was a member of your family involved with DeMolay, or the Masonic Fraternity or a related organization? ** _____

18. If so, which organization and where? _____

By signing this petition, you are hereby agreeing to join DeMolay, and live by the virtues and precepts of love for parents, belief in a higher power, courtesy, comradeship, fidelity, cleanness, and patriotism.

19. DeMolay Sponsor ID: _____ DeMolay Sponsor's Name: _____

DeMolay Sponsor Signature (First Line Signer): _____

Parent/Guardian Signature: _____

Applicant Signature: _____

Your Life Membership Fee of: _____ must accompany this application.

*DeMolay welcomes young men of all faith traditions and backgrounds.

**Not a requirement for membership, we ask to better connect with our alumni