Membership Application

Please Print Clearly

DEMOLAY MINNESOTA™

An Organization for Young Men

Applicant Information

Date: ____/____/____

Name: _____ Birthdate: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Email Address: _____

School Attending: _____

Hobbies/ Interests: _____

Church/Synagogue: _____

Applicant Signature: _____

Parent/ Guardian Information

Father's Name: _____

Phone Number: (____) _____ Email Address: _____

Mother's Name: _____

Phone Number: (____) _____ Email Address: _____

Parent / Guardian SIgnature: _____

My Parent(s)/ Guardian(s) approve of my joining DeMolay

DeMolay Sponsor Signature (Line 1): _____

DeMolay Sponsor Signature (Line 2): _____

Masonic Sponsor Signature: _____

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

Fill out form and return to Crusader's Chapter Demolay 200 East Plato Boulevard Saint Paul, Minnesota 55107