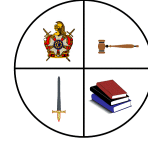




Illinois DeMolay Squires Membership Application



1. Name _____ 2. Date _____

3. Address: _____

4. City, State: _____ 5. Zip Code: _____

6. Phone (____) _____ 7. Birthdate: _____

8. E-Mail Address: _____

9. School Attending _____ 10. Grade: _____

11. Favorite School Subjects: _____

12. Hobbies, Interests: _____

13. Clubs, Organizations: _____

14. Church/Synagogue: _____

15. References: List 3 friends (your age) you have known for three (3) years.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

16. Father s name: _____

18. Address: _____

19. City, State: _____ 20. Zip Code: _____

21. Phone (____) _____ 23. E-Mail Address: _____

24. Mother s Name: _____

25. Address: _____

26. City, State: _____ 27. Zip Code: _____

28. Phone (____) _____ 21. E-Mail Address: _____

18. Is your father a Senior DeMolay? _____ Chapter: _____

My parents approve my joining Squires.

19. Parent/Guardian Signature: _____

20. Applicant s Signature: _____

21. Sponsor s Name and Signature: _____

(A sponsor is any current member of the DeMolay Chapter, Sweetheart Court or A advisory Council)

Your Life Membership Fee of \$10.00 (Ten Dollars)
must accompany this application.