

Idaho State Chapter Order of DeMolay



*Squires
Of the Round Table*



Membership Application

****An Organization for Boys 9-13****

1. Name _____ 2. Date ____ / ____ / ____

3. Address _____

4. City _____ 5. State _____ 6. Zip _____

7. Phone _____ 8. Date of Birth ____ / ____ / ____

9. School _____ 10. Grade _____

11. Parents Name _____

12. Has Father ever been a DeMolay? Yes / No

If Yes, When & Where _____

13. Have Parents any Masonic Affiliation? Yes / No

If Yes, What & Where _____

14. Recommended By _____

15. Top – Line Signer _____

16. Signature of Applicant _____

17. Signature of Parent / Guardian _____

18. Signature of Sir Knight _____ 19. Date ____ / ____ / ____

Fee of \$10.00 included.

Date Initiated ____ / ____ / ____