



DUAL MEMBERSHIP APPLICATION

(PETITION)
An Organization for Young Men

1. Name: _____ 2. Date: _____
3. Address: _____
4. City: _____ 5. State & Zip: _____
6. Phone: () _____ 7. Birthdate: _____
8. E-mail: _____
9. School Attending: _____ 10. Grade: _____
11. Favorite School Subject(s): _____

12. Hobbies/Interests: _____

13. Clubs, Organizations: _____

14. Church/Synagogue: _____

15. References: List 3 friends (your age) you have known for one year:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

My Parents/Guardians approve of my dual membership in DeMolay.

16. Current Chapter: _____ 17. Dual Chapter: _____

17. Applicant's Signature: _____

18. League Administrator Signature: _____

19. Current Chapter Advisory Council Signature: _____

20. Dual Chapter Advisory Council Signature: _____

Your Dual Membership Fee of ten dollars (\$10.00) must accompany this application.

Note: Dual membership must have the written approval of the Executive Officer and the concurrence of the League Administrator(s) and both chapter advisory councils