



Representative DeMolay Award Application Form

Member I.D. No. _____ Chapter I.D. No. _____ Age ____ Birthdate _____

Name _____

Address _____

City _____ State _____ Zip _____

Initiatory Degree Date _____ DeMolay Degree Date _____

Chapter _____ Location _____

Approve(Chapter Dad, RD Advisor or Chairman) _____

Address _____

City _____ State _____ Zip _____

To be eligible for the Representative DeMolay recognition, you must have been a DeMolay for a minimum of six (6) months, passed both of your obligations and have compiled a satisfactory record of DeMolay activities. Those over 21 years of age are eligible, provided they continue to show an active interest in DeMolay.

Have this application approved by your Chapter R.D. Advisor, Chapter Dad Advisor, or Advisory Council Chairman. Send it along with the \$5 fee to:

Indiana DeMolay
PO Box 348
Franklin, IN 46131

Do Not send this to DeMolay International. Your Representative DeMolay final form should be returned to you within two weeks. The fee submitted covers the cost of the lapel pin, wallet card, certificate, forms and postage.