



Application for Appointment

GENERAL INFORMATION:

Name: _____ Date Of Birth: _____

Chapter: _____ Initiation Date: _____

Address: _____

Cell Phone Number: _____ Home Phone: _____

What School/Year in School: _____

OFFICES AND AWARDS:

Past Master Councilor or Master Councilor ? (*provide dates and location of term*)

PMC/MSA? (Y/N) _____ Representative DeMolay? (Y/N) _____

Lamp of Knowledge (Y/N) or level of LCC Completion _____

Do you have reliable means of Transportation? (Y/N) _____

Describe: _____

Acknowledgement:

I, _____ realize that by applying to become a State Representative for Massachusetts DeMolay that I understand this position may possibly require a significant commitment of time and effort and that DeMolay does not reimburse expenses associated with my participation. I further understand that accepting this position does not guarantee me a place as an appointed or elected state officer either now or in the future.

Signature of Member: _____

REQUIRED SIGNATURES:

Signature of Parent/Guardian: _____

Signature of Dad Advisor: _____

Signature of Chairman of Advisory Council: _____