



VISITATION QUESTIONNAIRE FORM (Petition)

NAME

(PLEASE PRINT)

Date _____

NAME _____ NICKNAME _____
FIRST MIDDLE LAST

RESIDENCE ADDRESS _____
STREET CITY STATE ZIP

P DATE OF BIRTH _____ PLACE _____ AGE _____
CITY STATE

A TELEPHONE _____ I ATTEND _____
SCHOOL GRADE

R PLACE OF WORSHIP _____

T I hereby apply for membership in the Order of DeMolay, and proudly proclaim that I believe in God. I know of no moral reason that would keep me from becoming a member.

A (Sign here) _____

I recommend the following friends as prospective members *(not a requirement in becoming a member)*:

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

P Father's or Guardian's full name is: _____

A Mother's or Guardian's full name is: _____

R My Father is a member of: _____
MASONIC LODGE LOCATION

T Father is/is not a Senior DeMolay.

I approve of my son (or ward) becoming a member of the Order of DeMolay.

B (Sign here) _____
PARENT OR GUARDIAN

P We recommend the above petitioner for membership in the Order of DeMolay.

A Recommended by two Members of the Chapter: _____

C Masonic Sponsor: _____
LODGE LOCATION

LAST

MIDDLE

FIRST

PART

PLEASE ANSWER THE FOLLOWING QUESTIONS:

(PLEASE PRINT)

What do you like to do in your spare time (hobbies, activities, etc.)? _____

What activities do you take part in at school and outside of school (clubs, youth groups, etc.)? _____

Do you have a regular job (if yes, where)? _____

How many hours do you usually work at your job? _____

What kind of social, athletic, civic and charitable projects do you like to participate in? _____

Why do you want to join DeMolay? _____

Report of the Visitation Team: _____

VISITATION TEAM INFORMATION

1. Team should consist of at least three DeMolays and one advisor.
2. Part A should be completed in full and signed by the applicant.
3. Part B should be completed in full and signed by the parent or guardian.
4. Part C should be completed by two (2) Chapter members or a Senior Member and a Masonic sponsor who recommend the applicant.
5. The top portion of the back should be filled out.
6. Obtain the fee for Degrees and return the fee and form to the chapter.

Signed by the Team

Chairman: _____

Advisor: _____

Received: _____

First Reading: _____

Questionnaire Completed: _____

Fee Collected: _____

Advisory Council Approval: _____

Elected: _____

Initiatory Degree Conferred: _____

Form 10 Sent: _____

Obligation Completed: _____

DeMolay Degree Conferred: _____

Form 10 Sent: _____

Obligation Completed: _____