REPRESENTATIVE DeMOLAY AWARD
PRELIMINARY APPLICATION FORM

Member ID_____ Chapter ID_____

Age_____ Birthdate_____

Name_____
first middle last

Address_____

City_____State_____ Zip_____

E-Mail Address_____

Initiatory Degree Date_____ DeMolay Degree Date_____

Chapter_____ Location_____

Approve_____
chapter dad advisor, RD advisor, chairman advisor

Address_____

City_____State_____ Zip_____

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

Have this application approved by your Chapter RD Advisor, Chapter Dad Advisor, or Advisory Council Chairman. Send it along with the regalia fee to the Georgia DeMolay Director of Programs. DO NOT send this to DeMolay International.