



REPRESENTATIVE DeMOLAY AWARD  
PRELIMINARY APPLICATION FORM

Member ID \_\_\_\_\_ Chapter ID \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_  
first middle last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Initiatory Degree Date \_\_\_\_\_ DeMolay Degree Date \_\_\_\_\_

Chapter \_\_\_\_\_ Location \_\_\_\_\_

Approve \_\_\_\_\_  
RD advisor, chapter advisor, chairman advisor

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 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's RD Advisor, Chapter Advisor, or Advisory Council Chairman. No payment is required: the regalia fee of \$30.00 has been underwritten by the Widows Sons Masonic Riders Association of Georgia. Send this completed form to [rd@gademolay.org](mailto:rd@gademolay.org). **DO NOT send this form to DeMolay International.**