



Honorary DeMolay
Membership Application

1. First Name: _____ Middle: _____ Last: _____

2. Preferred Name: _____

3. Address: _____

4. City: _____

5. State & Zip: _____

6. Phone (_____) _____

7. Masonic Lodge: _____

8. City/State: _____

Applicant Signature: _____

Date: _____

Executive Officer Approval: _____

Date: _____

Your Life Membership fee of \$50.00 must accompany this application.

Mail Petitions to:
Idaho DeMolay
1041 E Ionia Dr
Meridian ID 83642

Email Petitions to:
idahodemolay@gmail.com