



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  
709 E Lenz St  
Boise ID 83712

Email Petitions to:  
idahodemolay@gmail.com