

***El Zaribah Shrine Masonic Youth Club
Application for Membership***

(Please print all information)

Date: _____

Name: _____

Lady's Name: _____

Address: _____

City: _____ Zipcode: _____

Telephone: Home: _____

Cell: _____

Email address: _____

Member of Temple (name): _____

Location: _____

Member ID: _____

Were you in DeMolay as a youth? Yes ___ No ___ Location: _____

Are you now, or were you in the past an Adult Advisor for a Masonic Youth Group? Yes ___ No ___

Explain: _____

Note:

1. By signing below, applicant agrees to abide by the Bylaws of the Masonic Youth Club.
2. Application to be accompanied by one year's annual dues.
3. Application to be signed by two members in good standing with the Masonic Youth Club.

Applicant's signature: _____

Date: _____

Recommended by: _____

Date: _____

Recommended by: _____

Date: _____

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+++++

Secretary Use Only:

Date elected: _____

Dues Paid: Cash _____ Check _____ Check number _____