



Squires Membership Petition

An Organization for Young Men

Name: _____ Date: _____

Address: _____

City: _____ State & Zip: _____

Phone: () _____ Birthdate: _____

E-mail: _____

School Attending: _____ Grade: _____

Favorite School Subject(s): _____

Hobbies/Interests: _____

Clubs, Organizations: _____

Church/Synagogue: _____

References: List 3 friends (your age) you have known for one year:

Name: _____

Name: _____

Name: _____

My Parent(s)/Guardian(s) approve of my joining Squires.

Father's Name: _____ Mother's Name: _____

Is your Father a Senior DeMolay? Yes | No If so, where? _____

Is your Father a Mason? Yes | No If so, where? _____

Parent/Guardian Signature: _____

Applicant's Signature: _____

Squire Sponsor's Name and Signature: _____

Second Squire Sponsor's Name and Signature: _____

Masonic Sponsor's Name and Signature: _____

Your Life Membership Fee of: _____ must accompany this application.