

CHAPTER VISITATION SECTION

CHAPTER MTG/EVENT #1 _____ VERIFIED BY: _____
Advisory Council Member Signature and Date

CHAPTER MTG/EVENT #2 _____ VERIFIED BY: _____
Advisory Council Member Signature and Date

PARENTAL APPROVAL SECTION

We approve of our daughter seeking further service to DeMolay and pledge our support.

Parent or Guardian Date

APPLICANT SECTION

I have answered the above questions to the best of my ability. I agree to cooperate with the Chapter, Division and Jurisdiction to improve the interest of The Order of DeMolay should I be elected to serve as Little Sis.

Applicant Date

ADVISORY COUNCIL APPROVAL SECTION

I have verified that all of the requirements have been met.

Advisory Council Member Date

Please submit the completed form to the Chairman of the Advisory Council.