

ILLINOIS DE MOLAY
AMBASSADOR AWARD



APPLICATION FORM
SEND COMPLETED FORM TO:
ILLINOIS DEMOLAY HEADQUARTERS
3426-21st Street
Rock Island, Il. 61201



Name of Applicant: _____

Address: _____ Email: _____

City: _____ Zip Code: _____

Majority Date: _____ Chapter: _____

Date Received Representative DeMolay Award: _____

Date Received Blue Honor Key: _____

Date Completed L. C. C. (5th Lesson):: _____

Date Received P.M.C.M.S.A.: _____

Date Qualified for Grand Ritualist: _____

You must qualify in four out of five categories. Have your Chapter Advisor or Chairman approve your application and forward to Illinois DeMolay. _____

Chapter Advisor: _____ Date Approved: _____