



# Youth Department Application for Membership

Circle One:	FOM	YES	Advisor/Member
Fees:	\$5.00	\$10.00	\$10.00

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Last Name	First Name	MI	Age
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Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Condition: \_\_\_\_\_

Allergies: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Lodge/Chapter Affiliation: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Supervisor/Advisor: \_\_\_\_\_

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**Do Not Write Below This Line. For Office Use Only.**  
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Date Received	Amount of	Certificate
By the SGL: _____	Fees Paid: _____	Issued: _____