

Pennsylvania DeMolay

Form 11

1244 Bainbridge Road, Elizabethtown PA 17022

Fax: (717) 367-0616

This Registration is to be sent to Pennsylvania DeMolay within 10 days of election.

I certify that the following officers will serve _____ Chapter
for the term of _____ to _____. The officers will be installed on
_____. The date of our next Installation of Officers will be:

Submitted by: _____ Title: _____

Master Councilor

Name: _____ Phone: _____

Mailing Address: _____

City/State/Zip: _____

E-Mail: _____

Senior Councilor

Name: _____ Phone: _____

Mailing Address: _____

City/State/Zip: _____

E-Mail: _____

Junior Councilor

Name: _____ Phone: _____

Mailing Address: _____

City/State/Zip: _____

E-Mail: _____

Scribe

Name: _____ Phone: _____

Mailing Address: _____

City/State/Zip: _____

E-Mail: _____

Treasurer

Name: _____ Phone: _____

Mailing Address: _____

City/State/Zip: _____

E-Mail: _____

Chapter Sweetheart

Name: _____ Phone: _____

Mailing Address: _____

City/State/Zip: _____

E-Mail: _____

Is Your Scribe an Advisor? _____ Is Your Treasurer an Advisor? _____