



Illinois DeMolay  
Chapter Sweetheart/Sorority  
Application Form



I wish to be considered as a candidate for the following

Sweetheart  Sorority

Of \_\_\_\_\_ Chapter or  Sorority at Large

PLEASE COMPLETE THE FOLLOWING SECTION – PRINT ALL  
INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Recommender: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chapter Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

(Not needed for Sorority at Large)

Please send this completed form to [sweetheart@ildemolay.org](mailto:sweetheart@ildemolay.org)  
Keep a copy for your chapter records.