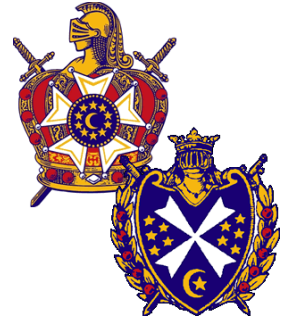




Illinois DeMolay  
Chapter Sweetheart/Sorority  
Application Form



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: \_\_\_\_\_

PHONE #: \_\_\_\_\_

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

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT PHONE #: \_\_\_\_\_

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

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

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



Advisory Council: Please keep this copy for your chapter records and submit an online form at [Sorority Online Application](#).