

Oregon DeMolay "Form 11"

Chapter Name _____ Today's Date _____

Best Mailing Address _____

Sponsoring Body _____

Sponsor Meeting Address _____

Meeting Place Phone _____

Stated Meeting Nights _____ Time _____

Advisory Council Meetings Nights _____ Time _____

Parents Club Meetings Nights _____ Time _____

Installations Months _____

Master Councilor Name _____ Phone _____

Address _____

City _____ Zip _____

Email _____

Senior Councilor Name _____ Phone _____

Address _____

City _____ Zip _____

Email _____

Junior Councilor Name _____ Phone _____

Address _____

City _____ Zip _____

Email _____

Latest Past Master Councilor Name _____ Phone _____

Address _____

City _____ Zip _____

Email _____

Chapter Chairman Name _____ Phone _____

Address _____

City _____ Zip _____

Email _____

Dad Advisor Name _____ Phone _____

Address _____

City _____ Zip _____

Email _____

Chapter Sweetheart Name _____ Phone _____

Address _____

City _____ Zip _____

Email _____

Senior Princess Name _____ Phone _____

Address _____

City _____ Zip _____

Email _____

Junior Princess Name _____ Phone _____

Address _____

City _____ Zip _____

Email _____

Sweetheart Advisor Name _____ Phone _____

Address _____

City _____ Zip _____

Email _____

**Complete and send Form 11 within 11 days of installation to:
Oregon DeMolay, 709 SW 15th, Suite 301, Portland, OR 97205**