

FORM 10

This Statement Is To Be Sent To The Service And Leadership Center Within TEN Days After The Initiatory And/Or DeMolay Degree is Conferred.
This form should also be used to report any change in a current member's status

Chapter; Chapter # _____ Located in _____ City _____ State _____	Number receiving Initiatory Degree _____ Number receiving DeMolay Degree _____ Status change _____	Amount of check accompanying this report-\$ _____ \$25.00 for each initiate reported
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IMPORTANT REVISIONS: Form 10 includes spaces for 3 initiates and parental information.

READ INSTRUCTIONS ON BACK. WHEN PREPARING, NOTE: USE TYPEWRITER OR PRINT LEGIBLY GIVING ZIP CODE AND THE NAME AND ID # OF THE 1st LINE SIGNER	Dates Degrees Received Year _____			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Birth Date Mo.-Day-Yr.</td> <td style="width:33%;">Initiatory Mo.-Day-Yr.</td> <td style="width:33%;">DeMolay Mo.-Day-Yr.</td> </tr> </table>	Birth Date Mo.-Day-Yr.	Initiatory Mo.-Day-Yr.	DeMolay Mo.-Day-Yr.
Birth Date Mo.-Day-Yr.	Initiatory Mo.-Day-Yr.	DeMolay Mo.-Day-Yr.		

1. Last Name _____ First Name _____ Middle Name _____	Name of 1st line signer of this petition _____ ID.# _____
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Mailing Address, apt. no. _____ City, State, ZIP Code _____	Status Change _____ Action Date _____ ID.# _____
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Phone () _____ E-mail _____	
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PARENT'S NAME (In full) _____	Father a Master Mason Yes <input type="checkbox"/> No <input type="checkbox"/> Father Senior DeMolay Yes <input type="checkbox"/> No <input type="checkbox"/>
Mailing Address, apt. no. _____	
City, State, ZIP Code _____	
Phone () _____ E-mail _____	

2. Last Name _____ First Name _____ Middle Name _____	Name of 1st line signer of this petition _____ ID.# _____
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Mailing Address, apt. no. _____ City, State, ZIP Code _____	Status Change _____ Action Date _____ ID.# _____
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Phone () _____ E-mail _____	
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PARENT'S NAME (In full) _____	Father a Master Mason Yes <input type="checkbox"/> No <input type="checkbox"/> Father Senior DeMolay Yes <input type="checkbox"/> No <input type="checkbox"/>
Mailing Address, apt. no. _____	
City, State, ZIP Code _____	
Phone () _____ E-mail _____	

3. Last Name _____ First Name _____ Middle Name _____	Name of 1st line signer of this petition _____ ID.# _____
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Mailing Address, apt. no. _____ City, State, ZIP Code _____	Status Change _____ Action Date _____ ID.# _____
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Phone () _____ E-mail _____	
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PARENT'S NAME (In full) _____	Father a Master Mason Yes <input type="checkbox"/> No <input type="checkbox"/> Father Senior DeMolay Yes <input type="checkbox"/> No <input type="checkbox"/>
Mailing Address, apt. no. _____	
City, State, ZIP Code _____	
Phone () _____ E-mail _____	

Mailing Address, apt. no. _____ City, State, ZIP Code _____	Status Change _____ Action Date _____ ID.# _____
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Phone () _____ E-mail _____	
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PARENT'S NAME (In full) _____	Father a Master Mason Yes <input type="checkbox"/> No <input type="checkbox"/> Father Senior DeMolay Yes <input type="checkbox"/> No <input type="checkbox"/>
Mailing Address, apt. no. _____	
City, State, ZIP Code _____	
Phone () _____ E-mail _____	

Mailing Address, apt. no. _____ City, State, ZIP Code _____	Status Change _____ Action Date _____ ID.# _____
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Phone () _____ E-mail _____	
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ALL CORRESPONDENCE AND PATENTS WILL BE SENT TO CHAPTER MAIL PERSON OR TO CHAIRMAN

SEND ORIGINAL TO: SERVICE AND LEADERSHIP CENTER -- A COPY SHOULD BE RETAINED FOR THE CHAPTER AND A COPY SENT TO THE EXECUTIVE OFFICER

INSTRUCTIONS FOR PREPARING THE FORM 10

It is very important that all candidates initiated are reported to the Grand Secretary in accordance with the DeMolay International Rules and Regulations, reading as follows:

Article 21, Section 321.3

(A) Within ten days after conferring each degree, the Scribe of the chapter shall submit in writing on the Form 10 Report furnished by the Grand Secretary, a report of candidates receiving either or both degrees, together with the other information required, and shall remit to the Grand Secretary with the Form 10, the initiatory fee, provided in Article 9, Section 209.2 for each newly initiated member.

(B) All other information required on a Form 10 Report must be submitted within ten days.

(C) The initiatory fee to DeMolay International includes all degree fees, charges for a patent, with a permanent membership card, and the Leader's Resource Guide.

If the DeMolay Degree is conferred at a later date, a separate report on this form must be made immediately after the DeMolay Degree is conferred. Since the Initiatory Degree has been previously reported, it is only necessary when reporting the DeMolay Degree to show the **full name of the candidate, his address, phone number, email, and ID#**, if known. Indicate in the proper column the date the DeMolay Degree was conferred, marking in the initiatory Degree column "Previously Reported" or "PR". It is not necessary to show the birthdate when reporting candidates receiving the DeMolay Degree.

In preparing the report arrange names alphabetically; writing the names in full, last name first, first name second, and middle name third, placing a comma after the last name. **NOTE SPELLING CAREFULLY. IF UNABLE TO PREPARE THE REPORT ON A TYPEWRITER, PLEASE PRINT LEGIBLY.** All information requested on this report: name in full, date of birth, street address, telephone number, city, state, zip code, and dates that degrees were received, **must** be provided. Always show opposite the name of each member the **month, day, year** each degree was received, (for example, 4-5-88), as this information is essential for preparation of patents and permanent records. Membership cards are issued after the Initiatory Degree. Patents are issued only after the DeMolay Degree is conferred and properly reported on Form 10. **NOTE:** Please complete parental information requested, including Senior DeMolay information pertaining to the initiate's father.

It is important that the name and ID# of the first line signer of the initiate be reported in the space provided.

The "Status Change" area on the Form 10 is to report status changes or corrections during the year.

Indicate the member's name, correct information and status change using the codes listed below, the date this action is effective and the member's ID#.

STATUS CODES	
Death I	Suspension S
*Transfer T	Reinstatement Re-in
Dual DL	Address Change AC
**Expulsion E	** Resignation R

*Name of other chapter involved in transfer.
** Must be accompanied by a letter, signed by the member or the Executive Officer.

BE SURE TO INDICATE THE NAME, ADDRESS, PHONE NUMBER, AND ID# OF THE SCRIBE OR ADVISOR TO WHOM CORRESPONDENCE AND PATENTS SHOULD BE MAILED

Remember (1) Each candidate initiated must be reported on Form 10 within 10 days after his receipt of the Initiatory and/or DeMolay Degree. (2) A fee of \$25 for each initiate must accompany the report. (3) No report can be completely processed unless payment of proper fees is made. Make all checks payable to DeMolay International.

A copy of this report must be kept by the Chapter in order to have a proper record of names and information reported to the Service and Leadership Center, and a copy should be sent to the Executive Officer.

**A supply of Form 10's can be secured free from the Service and Leadership Center or
downloaded from DeMolay's website.**

Federal Law requires that you be informed that dues and fees submitted with this form are not deductible under the provisions of the Internal Revenue Code.

DeMolay Service and Leadership Center
10200 N.W. Ambassador Drive • Kansas City, Missouri 64153
(816) 891-8333 • 1-800-DEMOLAY • demolay@demolay.org • www.demolay.org