

# FORM 11

This form must be mailed to New Jersey DeMolay within ten (10) days following the Installation of Officers. *(Please type or print all information)*

**Chapter Name:** \_\_\_\_\_ **Installation Date:** \_\_\_\_\_

## Master Councilor:

Name: \_\_\_\_\_ R.D.? \_\_\_\_\_ L.C.C.? \_\_\_\_\_

Address: \_\_\_\_\_ Attended L.T.C.? \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Senior Councilor:

Name: \_\_\_\_\_ R.D.? \_\_\_\_\_ L.C.C.? \_\_\_\_\_

Address: \_\_\_\_\_ Attended L.T.C.? \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Junior Councilor:

Name: \_\_\_\_\_ R.D.? \_\_\_\_\_ L.C.C.? \_\_\_\_\_

Address: \_\_\_\_\_ Attended L.T.C.? \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Chapter Advisor:

Name: \_\_\_\_\_ L.C.C.? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Chapter Information:

Meeting Nights: \_\_\_\_\_ Month of Next Installation: \_\_\_\_\_

Chapter Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

(continued)

# FORM 11 (Cont.)

## Advisory Council Chairman:

Name: \_\_\_\_\_ L.C.C.? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Parent's Club:

Name: \_\_\_\_\_ L.C.C.? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Sweetheart:

Name: \_\_\_\_\_ L.C.C.? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ P.H.K.? \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Key:

L.C.C. = Leadership Correspondence Course

L.T.C. = Leadership Training Conference

R.D. = Representative DeMolay Award

**Please return this form to:**

New Jersey DeMolay  
2105 Scenic Drive  
Ewing, NJ 08628