

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
31 Tall Timber Lane
Burlington, NJ 08016