



**Elective State Officer Application**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip code

E-mail \_\_\_\_\_

Phone \_\_\_\_\_  
Home Mobile

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Chapter \_\_\_\_\_

Elected state office that you would like to run for (please Circle one)

**State Master Councilor**

**Deputy State Master Councilor**

Please answer the following questions:

1. Are you a current or past master councilor of your local chapter **(Yes/No)**
2. Have you attended a DeMolay leadership conference or DLC **(Yes/No)**
3. Have you completed any LCC's **(Yes/No)**

If so which ones **(1, 2, 3, 4, 5)**

DeMolay Honors and awards \_\_\_\_\_

I acknowledge that the Montana DeMolay state officers serve at the will and pleasure of the executive officer.

\_\_\_\_\_  
Applicants Signature Date

\_\_\_\_\_  
Chapter Dads Signature Date

\_\_\_\_\_  
Chapter Chairman's Signature Date