

# Supreme Council, Order of DeMolay

Republic of the Philippines

Philippine DeMolay Youth Center

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## FORM 10

Membership Report

(THIS FORM IS TO BE SENT TO THE GRAND SECRETARY WITHIN 10 DAYS AFTER DEMOLAY DEGREE IS CONFERRED)

(DeMolay Membership Registration Fee per each is Eight Hundred Pesos Only (Php 800.00)

CERTIFICATE OF MEMBERSHIP, IDENTIFICATION CARD OTHER MATERIALS WILL BE SENT TO YOUR ADDRESS.

<b>Chapter</b>			
<i>TERM and Year:</i>	<i>Number conferred Initiatory Degree:</i>	<i>Number conferred DeMolay Degree:</i>	<i>Total of Membership Fee Remittance:</i> PHP _____

ID No.	LAST NAME	GIVEN NAME	SUFFIX NAME	MIDDLE NAME	BIRTH DATE (MM/DD/YY)	INITIATORY DEGREE (MM/DD/YY)	DEMOLAY DEGREE (MM/DD/YY)
1.							
Mailing Address:				Phone No.:			
Mobile No.(s):			E-Mail Address:		Name of 1 <sup>st</sup> Line Signer of this petitioner:		
2.							
Mailing Address:				Phone No.:			
Mobile No.(s):			E-Mail Address:		Name of 1 <sup>st</sup> Line Signer of this petitioner:		
3.							
Mailing Address:				Phone No.:			
Mobile No.(s):			E-Mail Address:		Name of 1 <sup>st</sup> Line Signer of this petitioner:		
4.							
Mailing Address:				Phone No.:			
Mobile No.(s):			E-Mail Address:		Name of 1 <sup>st</sup> Line Signer of this petitioner:		
5.							
Mailing Address:				Phone No.:			
Mobile No.(s):			E-Mail Address:		Name of 1 <sup>st</sup> Line Signer of this petitioner:		
6.							
Mailing Address:				Phone No.:			
Mobile No.(s):			E-Mail Address:		Name of 1 <sup>st</sup> Line Signer of this petitioner:		
7.							
Mailing Address:				Phone No.:			
Mobile No.(s):			E-Mail Address:		Name of 1 <sup>st</sup> Line Signer of this petitioner:		
8.							
Mailing Address:				Phone No.:			
Mobile No.(s):			E-Mail Address:		Name of 1 <sup>st</sup> Line Signer of this petitioner:		
9.							
Mailing Address:				Phone No.:			
Mobile No.(s):			E-Mail Address:		Name of 1 <sup>st</sup> Line Signer of this petitioner:		
10.							
Mailing Address:				Phone No.:			
Mobile No.(s):			E-Mail Address:		Name of 1 <sup>st</sup> Line Signer of this petitioner:		

For the Advisory Council:  <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;"> <i>Signature Over Printed Name</i> </div>	Reported by  <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;"> <i>Signature Over Printed Name</i> </div> Contact Number (s): _____  <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;"> <i>Position</i> </div>
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<b>PAYMENT DETAILS:</b> Bank Name and Branch: Bank of the Philippine Islands (BPI) Branch: Padre Faura Account Name: Supreme Council Order of DeMolay Account Number: 4981 0018 48	For the Grand Secretary approval:  <div style="border-top: 1px solid black; border-bottom: 1px solid black;"> <i>Signature</i> </div>	<b>SCOD USED ONLY:</b> O.R. NO.: _____ O.R. DATE: _____ TOTAL PAYMENT: _____ REMARKS: _____
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