

CERTIFICATION OF ADVISORY COUNCIL MEMBERS – ORDER OF DEMOLAY

CHAPTER OR PRIORY NAME: _____

ALL ADVISORS ARE MASTER MASONS					CHECK ONE		
MASTER MASON DETAILS			CHECK ALL THAT ARE HELD		NEW APPT	RE APPT	TOTAL YEARS AS ADVISOR
FULL NAME:	POSITION ON COUNCIL:	PHONE NO.:	<input type="radio"/> LOH	<input type="radio"/> HLOH			
			<input type="radio"/> COH	<input type="radio"/> CHEV			
ADDRESS:	E-MAIL ADDRESS:	MOBILE NO.:	<input type="radio"/> FMA	<input type="radio"/> RD			
			<input type="radio"/> BHK	<input type="radio"/> LCC			
FULL NAME:	POSITION ON COUNCIL:	PHONE NO.:	<input type="radio"/> LOH	<input type="radio"/> HLOH			
			<input type="radio"/> COH	<input type="radio"/> CHEV			
ADDRESS:	E-MAIL ADDRESS:	MOBILE NO.:	<input type="radio"/> FMA	<input type="radio"/> RD			
			<input type="radio"/> BHK	<input type="radio"/> LCC			
FULL NAME:	POSITION ON COUNCIL:	PHONE NO.:	<input type="radio"/> LOH	<input type="radio"/> HLOH			
			<input type="radio"/> COH	<input type="radio"/> CHEV			
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			<input type="radio"/> BHK	<input type="radio"/> LCC			
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			<input type="radio"/> COH	<input type="radio"/> CHEV			
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			<input type="radio"/> BHK	<input type="radio"/> LCC			

IMPORTANT INSTRUCTIONS: PRINT FULL NAME AND ADDRESS. Under position on council, it should be indicated whether Chairman, Chapter Dad, Ritual, Advisor, etc. Check proper column as if newly appointed, re appointed. The signature of the presiding officer and chairman of Advisory Council must be obtained before sending the original and triplicate to the Executive Officer. (if more than one sponsoring body – list on the reverse side of this form along with the signature and address of the Presiding Officer).