Col. James "Nick" Rowe Priory State Priory of Florida

Petition for Membership

44		Date:	
Name:			
Address:	A		
City:	State:	Zip Code:	
Phone Number:()	V.	DOB:	
E-mail Address:	P		
DeMolay Chapter:			
ID Number:	Initiat	ion Date:	
Have you served as Master Counci	ilor of your Ch	napter? Yes	□ No
Honors/Awards:			
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Why do you consider yourself wor	thy of the boo	on of Knighthood?	
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Respectfully Submitted:	Recon	nmended by:	
) 🖾	
Applicant	Sir Kr	night	
To be completed by the Knighthood Director or his Designate Circle one & Initial: \$10 Initiation Fee:	e: Sir Kr	night	
□ Collected □ Owed	Advis	or	