



January 2016 Monthly Mailing

Dear DeMolay Chapter leaders,

Happy New Year! It's a great time to be involved in Florida DeMolay!

Foremost, let me say that I hope your Chapter has already made plans to attend the annual Mini Conclave to be held in Cocoa Beach on MLK weekend.

By now, you should be entering the election process for your next corps of officers at your Chapter. Please remember to go to www.fldemolay.org to the Documents Storage to submit a Certification of Election form once your elections have taken place. This will allow Florida DeMolay Administration to list your installation of officers on the state website's calendar, so that others may plan accordingly.

A few items which I must report for the interest of proper housekeeping:

- Now that the New Year is upon us, your Chapter should be collecting new Medical Release and Consent forms for each of your active youth (DeMolays, Squires, young ladies and guests) so that, in case of an emergency, we have your parents' or guardians' documented consent to have you treated. Blank Medical Release and Consent forms may also be accessed in the website's Documents Storage.
- Chapters are now responsible for submitting their own Form 10s. This method will be demonstrated at Mini Conclave through the newly implemented eScribe program – which may be accessed at escribe.demolay.org. Chapters will have the option to submit their initiation fees through PayPal. Should you have any questions about this process, or should you need further explanation or instruction, please contact administration@fldemolay.com.
- All Chapters in Florida are now exempt from paying sales tax within the State of Florida. A “hard copy” of your sales tax Exemption Certificate will be sent to your Chapter contact. Please keep it on hand for use when you purchase supplies for your Chapter. Please keep in mind that this exemption is a privilege and is to be used **only for purchases benefitting or supporting the Chapter and its members**; it is not to be used for personal purchases.
- Questions have been raised about GoFundMe accounts to benefit Florida DeMolay Chapters. Our Treasurer, Dad Rusty Glendinning and I are working closely on that. Before a charitable organization – any charitable organization in Florida – may solicit money from the general public, they must be registered with the Department of Agriculture and Consumer Services. We are working on getting that process in line – so please bear with us in the meantime.

As announced at the 2015 Summer Conclave, we are taking strides to reach out to our Florida DeMolay alumni to gain some much-needed support. Dad David Puzzo (dpuzzo@fldemolay.com) is in process of developing programs which will help to welcome these supporters back into Florida DeMolay's fold, and he will be soliciting your assistance in their implementation. If you have the names of any Senior DeMolays who are interested in getting back active, or if they are in need of one of our tenure recognitions (10 years, 25 years, 50, 60, 65, 70, 75+), please e-mail alumni@fldemolay.com.

Please keep a watch on DeMolay's International and our local Florida DeMolay FaceBook pages. We are posting lots of exciting events and activities.

Thank you for all you're doing to support our Jurisdiction.

Best,

/s/ *Dad Jody*

Dad RJ “Jody” Meguiar
Executive Officer, Jurisdiction of Florida

P. O. Box 130205



Tampa, Florida 33681-0205



www.fldemolay.org



Certification of Election Form

(Must be submitted within 48 hours of election)

Chapter: _____

Date of Election: _____

MC-elect: _____

SC-elect: _____

Address: _____

City & Zip: _____

Email: _____

Cell/SMS: _____

JC-elect: _____

Scribe: _____

Address: _____

City & Zip: _____

Email: _____

Cell/SMS: _____

Chairman: _____

Chapter Dad: _____

Address: _____

City & Zip: _____

Email: _____

Cell/SMS: _____

Chapter Meeting Information:

Lodge: _____

Address: _____

City & Zip: _____

Meeting Dates: _____

Installation of Officers:

Date & Time: _____

Location: _____

Are you in need of assistance?

- Assistance with putting together a Team?
- Advisory Council Installation?
- Program / Protocol Questions?
- Public Ceremonies?

**Or Print & Mail a copy to:
 Florida DeMolay
 P O Box 130205 ~ Tampa, FL 33681**



DeMOLAY INTERNATIONAL MEDICAL HISTORY AND RELEASE FORM

Required for all participants under 21 years of age

YEAR 20_____

IDENTIFICATION OF MINOR PARTICIPANT

NAME _____ STATUS: () ACTIVE DeMOLAY
 ADDRESS _____ () SQUIRE
 CITY _____ STATE Florida ZIP _____ () SWEETHEART / FEMALE
 DATE OF BIRTH _____ AGE _____ () VISITOR / PROSPECT

I hereby promise to conduct myself in a responsible manner and abide by the DeMolay rules and regulations; and to follow all of the rules pertaining to specific to DeMolay activities. If I do not abide by this promise, I will be subject disciplinary authority, including but not limited to that of being sent home immediately at my own expense. I shall indemnify and hold Florida DeMolay, DeMolay International, its International Supreme Council and all affiliated organizations harmless from and against any and all penalties, losses, costs, damages, suits, judgments, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with my attendance at DeMolay activities.

(Participant's Signature)

(Date)

Health History – DeMolay should be aware that this participant has experienced problems with the following:

<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Ear trouble	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Epilepsy or Seizures	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Sinus Trouble	<input type="checkbox"/> Cramps in water	<input type="checkbox"/> Fainting
<input type="checkbox"/> Hernia	<input type="checkbox"/> Throat Infection	<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Other	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Current Medications: _____		

CONSENT AND RELEASE

I, the undersigned parent or legal guardian of the above named participant, do hereby give my consent and permission for him/her to participate in all activities and events conducted by Florida DeMolay. I agree to release and hold harmless members, advisors and officers of Florida DeMolay and/or DeMolay International, from any and all claims or cause of action, which the undersigned has or may have. In the event of injury or illness to the above named minor, I hereby authorize any adult Advisor in attendance to facilitate on my behalf, and any physician in attendance to provide such emergency treatment as may be deemed necessary by those present including but not limited to hospitalization, injections, anesthesia, surgery, diagnostic radiology, blood transfusions, and medication. I understand that reasonable efforts shall be made to contact me prior to medical treatment.

(Parent or Legal Guardian signature)

(Date)

I may be reached at the following numbers:

HOME () _____ WORK () _____ CELL () _____

If I am not able to be reached in case of an emergency, please contact:

NAME: _____ RELATIONSHIP _____ CELL () _____

MEDICAL INSURANCE INFORMATION

INSURANCE CARRIER: _____ POLICY HOLDER: _____

POLICY & GROUP NUMBER: _____

