



# BLOOD + ORGAN DONOR PROGRAM

## MASONIC YOUTH NEW MEMBER FORM

Donation by new member       Donation by substitute donor

DeMOLAY    RAINBOW FOR GIRLS    JOB'S DAUGHTERS   Club assigned number: \_\_\_\_\_

*Please print the following information legibly and complete the entire form*

Chapter, Assembly or Bethel Name/Number: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ (Sr., Jr.) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Family Information:** (include address only if it is different from the youth member)

Mother's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is father a Pennsylvania Mason? \_\_\_\_\_ Lodge name and/or number: \_\_\_\_\_

**Donation Information:**

Please process my membership request. I gave blood as follows:

Donation Date: \_\_\_\_\_ Donation Place: \_\_\_\_\_

*OR*

I could not give blood but a substitute has made a donation in my place:

Substitute Donor Name: \_\_\_\_\_

Donation Date: \_\_\_\_\_ Donation Place: \_\_\_\_\_

*If under age 18, my parent(s) approve of my membership in the Masonic Blood Donor Club.*

Youth Signature \_\_\_\_\_ Parent signature \_\_\_\_\_

Mail to: Masonic Blood and Organ Donor Club, C/O Gary Davis, PDDGM, Secretary, 224 Red Haven Drive, North Wales, PA 19454-1439