



Ohio DeMolay
CERTIFICATION OF ELECTION

To be mailed within 24 hours following election
Please type or print

Chapter: _____ Number: _____

These DeMolays and Advisors have been selected to serve this chapter for the coming term

_____ to _____
Month Year Month Year

(Please give full name with middle initial)

Master Councilor

Name: _____ Phone () _____

Address: _____ E-mail _____

City, St, Zip+4: _____

Senior Councilor

Name: _____ Phone () _____

Address: _____ E-mail _____

City, St, Zip+4: _____

Junior Councilor

Name: _____ Phone () _____

Address: _____ E-mail _____

City, St, Zip+4: _____

Scribe

Name: _____ Phone () _____

Address: _____ E-mail _____

City, St, Zip+4: _____

Advisory Council Chairman

Name: _____ Phone () _____

Address: _____ E-mail _____

City, St, Zip+4: _____

Chapter Advisor

Name: _____ Phone () _____

Address: _____ E-mail _____

City, St, Zip+4: _____

Sponsoring Body:

Presiding Officer

Name: _____ Phone () _____

Address: _____ E-mail _____

City, St, Zip+4: _____

Date of this Election: _____

Date of Installation: _____

Date of Next Election: _____

Date of Next Installation: _____

Chapter Meetings

Nights: _____

Bldg _____

City & Zip _____

Time: _____

Advisory Council Meetings

Where: _____

When: _____

Mother/Parents Club

Where: _____

When: _____

RD and LCC Completion Record

MC-Elec: ___ RD ___ LCC

SC-Elect ___ RD ___ LCC

JC-Elect ___ RD ___ LCC

Print Three Copies

Mail within 24 hours after election

1 copy to District Governor

1 copy to Ohio DeMolay
6520 Fallwood Circle
Englewood, OH 45322

Keep one copy for Chapter Records

Submitted by: _____