

# Connecticut DeMolay

*Tomorrow's Leaders Today*

## FORM 11

All chapters within the Jurisdiction of Connecticut DeMolay are required to use the Form 11. This form must be mailed to the State Scribe within 10 days of any change to any information listed below or an installation of officers. All information must be filled out accurately. Circle any information that is not to be printed in the directory. The Form 11 request no fees. It is used to update the directory and improve communication. **(Please type or print all information)**

**Chapter Name:** \_\_\_\_\_ **Date of Change:** \_\_\_\_\_

### Chapter Information:

Meeting Nights: \_\_\_\_\_ Date of Next Installation: \_\_\_\_\_

Chapter Meeting Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**\*The Chapter meeting address is your temple address.**

Chapter Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**\*Chapter mail will be sent to mailing address.**

### Master Councilor:

Name: \_\_\_\_\_ R.D.? \_\_\_\_\_ L.C.C.? \_\_\_\_\_

Address: \_\_\_\_\_ Attended L.T.C.? \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Senior Councilor:

Name: \_\_\_\_\_ R.D.? \_\_\_\_\_ L.C.C.? \_\_\_\_\_

Address: \_\_\_\_\_ Attended L.T.C.? \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Junior Councilor:

Name: \_\_\_\_\_ R.D.? \_\_\_\_\_ L.C.C.? \_\_\_\_\_

Address: \_\_\_\_\_ Attended L.T.C.? \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

# CONNECTICUT DeMOLAY – FORM 11 CONTINUED

**Sweetheart:**

Name: \_\_\_\_\_ L.C.C.? \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Chapter Advisor:**

Name: \_\_\_\_\_ L.C.C.? \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Advisory Council Chairman:**

Name: \_\_\_\_\_ L.C.C.? \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Sweetheart Advisor:**

Name: \_\_\_\_\_ L.C.C.? \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Parents Club President:**

Name: \_\_\_\_\_ L.C.C.? \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Key:**

L.C.C. = Leadership Correspondence Course  
L.T.C. – Leadership Training Conference

**Connecticut DeMolay Tomorrow's Leaders Today**

**Please return this form to:**

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