

MICHIGAN DeMOLAY PMC-MSA LETTER OF INTENT

CHAPTER NAME: _____ DATE SUBMITTED: _____

TO: Dad Raymond C. Lemons, Executive Officer - Jurisdiction of Michigan DeMolay

I am intending to qualify for the "Past Master Councilor's Meritorious Service Award", during my term in office as Master Councilor.

1. I have memorized all of the Master Councilor's portion of the Ritual.
2. I am enclosing a copy of the printed program from my Chapter's term.
3. I will provide for membership growth during my term.
4. During my term as Master Councilor;
 - ✓ I will have a Social Service, Civic Service, Masonic Service, and a Fund Raising Project.
 - ✓ Provide for the observance of every Obligatory Day in my term.
 - ✓ See that all "FORM - 10's" reporting all new initiates for the Initiatory and DeMolay Degrees are submitted to Michigan DeMolay within the ten (10) day requirement.

CHECK ONE:

FALL TERM (September 2016 thru March 2017) **SPRING TERM** (March 2017 thru September 2017)

CHAPTER INSTALLATION DATE (MONTH / DAY / YEAR): _____

MASTER COUNCILOR NAME (PRINT): _____

MASTER COUNCILOR SIGNATURE: _____

MC's STREET ADDRESS (PRINT): _____

MC's CITY (PRINT): _____ MC's ZIP CODE (PRINT): _____

MC's PHONE No. {HOME} (WITH AREA CODE): _____ {CELL} _____

MC's EMAIL ADDRESS: _____

CHAPTER 'DAD' ADVISOR NAME (PRINT): _____

CHAPTER 'DAD' ADVISOR PHONE {HOME} (WITH AREA CODE): _____

{CELL} (WITH AREA CODE): _____

CHAPTER 'DAD' ADVISOR SIGNATURE: _____

This "PMC-MSA Letter Of Intent" form must be sent no later than September 10th or March 10th, depending on your term of office, to...

Raymond C. Lemons
14308 Greentrees Street
Riverview, MI 48193-7838

or by email to:
raymond.lemons@gmail.com

MICHIGAN DeMOLAY PMC-MSA LETTER OF INTENT - BUDGET

CHAPTER NAME: _____ DATE SUBMITTED: _____

CHECK ONE:

FALL TERM (September 2016 thru March 2017) SPRING TERM (March 2017 thru September 2017)

CHAPTER INSTALLATION DATE (MONTH / DAY / YEAR): _____

MASTER COUNCILOR NAME (PRINT): _____

MASTER COUNCILOR SIGNATURE: _____

CHAPTER 'DAD' ADVISOR NAME (PRINT): _____

CHAPTER 'DAD' ADVISOR SIGNATURE: _____

<i>PROPOSED CHAPTER BUDGET</i>	
CHAPTER INCOME:	
FUND RAISING =	
INITIATION FEES =	
GIFTS =	
OTHER INCOME =	
TOTAL INCOME =	
CHAPTER EXPENSES:	
PROSPECT PARTIES =	
FUN EVENTS =	
MICHIGAN AND ISC FEES =	
OTHER EXPENSES =	
TOTAL EXPENSES =	
NET GAIN / LOSS =	

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Riverview, MI 48193-7838

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MICHIGAN DeMOLAY PMC-MSA SUMMARY LETTER

CHAPTER NAME: _____ DATE SUBMITTED: _____

TO: Dad Raymond C. Lemons, Executive Officer - Jurisdiction of Michigan DeMolay

As per the "By-Laws, Rules and Regulations" of DeMolay International, on page 10 of the "Appendix".

I qualify for the "Past Master Councilor's Meritorious Service Award" for completing the following during my term in office as Master Councilor.

- 1) I have memorized all of the Master Councilor's portion of the Ritual.
- 2) As Master Councilor, my Chapter exemplified both degrees from the Ritual of Secret Work from memory.
- 3) My Chapter initiated at least four (4) new members during my term of office.
- 4) My Chapter held at least one (1) Social, Civic, Masonic Service, Athletic and Fund Raising Activity during my term of office.
- 5) During my term as Master Councilor, I have provided for the observance of every Obligatory Day in my term.
- 6) I verified with my Chapter 'DAD' Advisor that all "FORM - 10's" reporting all new initiates were submitted to Michigan DeMolay and DeMolay International Office within the ten (10) day requirement.
- 7) See attached letter summarizing my term, explaining the items listed above, and the results of all activities.
- 8) Attached is a letter of confirmation from the Chapter 'DAD' Advisor that the retiring Master Councilor has completed the requirements of the PMC-MSA,

CHECK ONE:

FALL TERM (September 2016 thru March 2017) **SPRING TERM** (March 2017 thru September 2017)

CHAPTER INSTALLATION DATE (MONTH / DAY / YEAR): _____

MASTER COUNCILOR NAME (PRINT): _____

MASTER COUNCILOR SIGNATURE: _____

MC's STREET ADDRESS (PRINT): _____

MC's CITY (PRINT): _____ MC's ZIP CODE (PRINT): _____

MC's PHONE No. {HOME} (WITH AREA CODE): _____ {CELL} _____

MC's EMAIL ADDRESS: _____

CHAPTER 'DAD' ADVISOR NAME (PRINT): _____

CHAPTER 'DAD' ADVISOR PHONE {HOME} (WITH AREA CODE): _____

{CELL} (WITH AREA CODE): _____

CHAPTER 'DAD' ADVISOR SIGNATURE: _____

This "PMC-MSA Summary Letter" form must be sent no later than September 10th or March 10th, depending on your term of office, to...

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Riverview, MI 48193-7838

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