

MICHIGAN DeMOLAY STATE OUTSTANDING ADVISOR QUESTIONNAIRE

CHAPTER NAME: _____ DATE SUBMITTED: _____

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

OUR CHAPTER OUTSTANDING ADVISOR IS:

NAME (First, Middle, Last): _____

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____

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

Email: _____

PERSON TO CONTACT FOR ADDITIONAL INFORMATION:

NAME (First, Middle, Last): _____

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____

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

Email: _____

NAME OF PERSON SUBMITTING THIS FORM (if different from above):

NAME (First, Middle, Last): _____

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____

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

Email: _____

The "STATE OUTSTANDING ADVISOR QUESTIONNAIRE" form MUST be sent no later than ASPRIL 10th, following your Chapter Spring Term Installation, to...

DAD VINCE D'AGUANNO and
EXECUTIVE OFFICER
MICHIGAN DeMOLAY
46581 STRATHMORE RD.
PLYMOUTH, MI 48170-3436
Or By Email: daguannov@comcast.net

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MICHIGAN DeMOLAY
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Or By Email: Grumpe128@aol.com