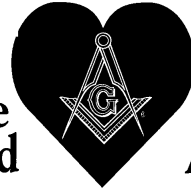


**MASONIC BLOOD
DONOR CLUB**

*We invite you to protect your
Family and your Community!*

Give
Blood



Save
A Life

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 Donor Club c/o PA Masonic Youth Foundation, 1244 Bainbridge Rd., Elizabethtown, PA 17022-9423