

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 JUNE 1st following your Chapter Spring Term Installation, to . . .

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