

NEW MEMBER DATA FORM

the report form for new Constellation members

ORDER OF CONSTELLATION



OF JUNIOR STARS

Constellation Name: _____

Constellation Number: _____

Total Number Initiated: _____

**M
E
M
B
E
R
1**

Name (Last, First, MI): _____

Birth Date: ___/___/___

Residence: _____

Initiation Date: ___/___/___

Mailing Address: _____

Orientation Date: ___/___/___

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone #: _____

Constellation Sponsor: _____

Parent's Name: _____

Is Father a Senior DeMolay? **Y or N**

Residence: _____

Is Father a Master Mason? **Y or N**

Mailing Address: _____

Is Mother a Constellation Alumni?: **Y or N**

Is Mother? **O.E.S. or O.A.**

City: _____ State: _____ Zip: _____

Phone #: _____

**M
E
M
B
E
R
2**

Name (Last, First, MI): _____

Birth Date: ___/___/___

Residence: _____

Initiation Date: ___/___/___

Mailing Address: _____

Orientation Date: ___/___/___

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone #: _____

Constellation Sponsor: _____

Parent's Name: _____

Is Father a Senior DeMolay? **Y or N**

Residence: _____

Is Father a Master Mason? **Y or N**

Mailing Address: _____

Is Mother a Constellation Alumni?: **Y or N**

Is Mother? **O.E.S. or O.A.**

City: _____ State: _____ Zip: _____

Phone #: _____

Send All
Correspondence:

Name: _____

Phone: _____

Address: _____

E-mail: _____

City, State, Zip: _____

Date: _____

Order of Constellation of Junior Stars

11 Mark Lane

New City, NY 10956

NEW MEMBER DATA FORM

This form was created to maintain accurate of Constellation's membership records. It must be submitted to Grand Constellation within 10 days after a new member(s) is initiated into Constellation. If the Initiation and Orientation are performed on separate dates, a separate form must be completed for each. A young woman is not considered a member of Constellation until she has been properly reported, so please do not delay mailing this form! **Be sure to keep a copy of this form for your Constellation records.**

When the Data Form is received the Membership Task Force will process the New Member Packet and database. Packet includes a letter of welcome, brochure and petition for a friend, welcome letter for parent, and Parent's Guide.

1. Place the name of the Constellation and the Constellation number in the spaces provided.
2. Please use Full names for the new member(s). (Full name includes the full middle name) If the person has a nickname that is preferred in correspondence and communication, add that information after his name and place it in parenthesis such as: Jones, Jennifer, T. (Jen)
3. Print or type the birth date of the new member(s) in the space provided for "Birth Date".
4. Print or type the dates which the Initiation and/or Orientation was performed on the appropriate lines.
5. Please print or type the residence and mailing addresses of the person(s) being reported. Include FULL street names and apartment numbers, or Post Office Boxes. Print or type the phone number including the area code.
6. Print or type the name of the Constellation Sponsor (proposed by) in the space provided.
7. Print or type the names of the parents of the new member(s). Example "Tim and Susan Jones". If the new member lives with the parents, you can simply put "same as member" & "phone same." However, if the parents address is different, please print or type the full mailing address of his parents.
8. Indicate if the Father is a Senior DeMolay.
9. Indicate if the Father is a Master Mason.
10. Indicate if the Mother is a Constellation Alumni.
11. Indicate if the Mother is a member of Eastern Star and/or Amaranth.
12. Print or type the name of the person submitting the form in the space provided. Be sure to indicate the date of the submission of this form!

Constellation Name: _____

Constellation Number: _____

Total Number Initiated: _____

MEMBER DATA

Name (Last, First, MI): _____

Birth Date: ___/___/___

Residence: _____

Initiation Date: ___/___/___

Mailing Address: _____

Orientation Date: ___/___/___

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone #: _____

Constellation Sponsor: _____

Parent's Name: _____

Is Father a Senior DeMolay? **Y or N**

Residence: _____

Is Father a Master Mason? **Y or N**

Mailing Address: _____

Is Mother a Constellation Alumni?: **Y or N**

Is Mother? **O.E.S. or O.A.**

City: _____ State: _____ Zip: _____

Phone #: _____