

**PAST MASTER COUNCILOR'S MERITORIOUS SERVICE AWARD**

(This document has fillable sections that can be completed in Adobe Reader and then printed for signatures. If printing a blank form please print neatly.)

**LETTER OF INTENT**

Dear District Governor,

This letter is to inform you of my intent to qualify for the Past Master Councilor's Meritorious Service Award.

Upon my honor as a DeMolay, I certify that I have memorized my entire portion of the ritual prior to my installation. I have also completed my Representative DeMolay on \_\_\_\_\_, and LCC section 1 and 2 on \_\_\_\_\_. I further acknowledge that all information contained in this application has been reviewed and approved as indicated by the signatures below.

Enclosed you will find a plan for a successful term that includes strategies to ensure the chapter members can perform the Secret Work of their offices from memory, strategies for increasing membership, a list of the obligatory days that fall within the term, and an outline for a program which increases or maintains a high level of attendance at Chapter meetings.

Enclosed you will find a copy of the Term Plan for my term of office as approved by my Advisory Council. I certify that the enclosed Term Plan was distributed to ALL members of my Chapter prior to my Installation.

Enclosed is an outline for a program which will increase or maintains a high level of attendance at Chapter meetings.

I further state that I have read and understand ALL of the requirements for the PMC-MSA, and have included with this letter ALL of the information required for my participation in the PMC-MSA Program.

The beginning and ending dates for my term of office as well as my full name, mailing address, zip code and telephone number are printed below.

Fraternally,

\_\_\_\_\_  
Master Councilor (Elect)

Beginning date of term: \_\_\_\_\_ Ending date of term: \_\_\_\_\_  
Chapter Name & Location: \_\_\_\_\_  
DeMolay Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_

I, the Chapter Advisor for the above named chapter, have reviewed and that the Advisory Board has approved this Intent Letter for the PMC-MSA.

\_\_\_\_\_  
DATE: \_\_\_\_\_  
Print & Signature of Chapter Advisor

I, the District Governor, have reviewed and approve this Intent Letter for the PMC-MSA.

\_\_\_\_\_  
DATE: \_\_\_\_\_  
Print & Signature of District Governor

Forward all documentation after signature by District Governor to:

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Director of PMC-MSA  
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Lancaster, Ohio 43130  
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740-403-8851