



ORDER SONS OF ITALY IN AMERICA MEMBERSHIP APPLICATION

CHECK ONE BOX: New Member Change Info Deceased Inactive
 Reinstatement Transfer from Lodge # _____ to # _____

MEMBER TYPE: Adult Regular Youth Member Social Member At-Large
 Associate Meritorious Honorary

Member Number: Local Lodge Number: Local Lodge Name:

First Name of Applicant: M.I.: Last Name:

Postal Mailing Address:

City: State: Zip Code: Home Phone:

Date of Birth: / / Marital Status: Married Single Widowed Sex: Male Female

Occupation:

Email Address: Italian Family Name:

I certify the information above is true and correct to the best of my knowledge and belief.

Date: / / Applicants Signature: _____

I certify that the applicant is fully eligible for the above membership and recommend membership approval.

Date: / / Sponsor's Signature: _____

Date Accepted by Local Lodge: / / Date Approved by the State Council: / /

White - Grand Lodge Copy ● Yellow - Local Lodge Copy