

ORDER SONS OF ITALY IN AMERICA MEMBERSHIP APPLICATION



CHECK ONE (1) BOX: New Member Change Info
 Reinstatement Transfer from Lodge # _____ to # 2786

NOTE: If you are of ITALIAN descent - you MUST sign up for an ITALIAN membership.

MEMBERSHIP TYPE: ITALIAN Membership with voting privileges - \$41.00 per year
Check One (1) Box NON-ITALIAN Membership with voting privileges - \$41.00 per year
 CLUBHOUSE Social Membership with NO voting privileges - \$36.00 per year

Please PRINT CLEARLY: Italian Family Name: _____

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

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ - _____ - _____

Date of Birth: _____ / _____ / _____ Marital Status: Married Single Widowed

Sex: Male Female Occupation: _____

Email Address: _____

I certify that 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 memberships approval.

Date: _____ / _____ / _____ Sponsor's Signature: _____