

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 - \$43.00 per year
Check One (1) Box NON-ITALIAN Membership with voting privileges - \$43.00 per year
 CLUBHOUSE Social Membership with NO voting privileges - \$38.00 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: _____