

# APPLICATION FOR ADULT MEMBERSHIP

**TO BE COMPLETED BY LODGE SECRETARY: ALL LINES MUST BE COMPLETED TO BE ENROLLED IN SONS AND DAUGHTERS OF ITALY**

I hereby apply for Membership in the \_\_\_\_\_ Lodge no. \_\_\_\_\_ of the Grand Lodge of Pennsylvania, Sons and Daughters of Italy.

Name \_\_\_\_\_ Address \_\_\_\_\_  
(Please print)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

\*\*\* Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_ (Please print)

**Applicant's information:**

Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Name of: Husband \_\_\_\_\_ **Applicant's Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_  
Wife \_\_\_\_\_

(Maiden Name)

Are you of Italian ancestry? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of: Father \_\_\_\_\_ Is your spouse of Italian ancestry? Yes \_\_\_\_\_ No \_\_\_\_\_

Mother \_\_\_\_\_ **Must Provide Italian Heritage surname or application will be returned.**  
(Maiden Name)

Have you ever been a member of the Order? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Lodge \_\_\_\_\_ Is spouse a member? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, Lodge # \_\_\_\_\_

**I AGREE THAT NO DEATH BENEFIT SHALL TAKE EFFECT UNTIL INITIAL DUES HAVE BEEN PAID.**

**\*\*\*MEMBERSHIP INCLUDES A \$500.00 INSURANCE POLICY FOR AGES 18 TO 64 AS PART OF MEMBERSHIP PACKAGE\*\*\***

If accepted as a member, I agree to be bound by the present and future laws of the Grand Lodge of Pennsylvania, and of the lodge of which I become a member. I believe in the fundamental principle of God and Country, and do not profess any doctrine that aims unlawfully to overthrow the social order or the organized government by force of violence.

I affirm that I know the applicant and believe him/her to be a person of good moral character and qualified to become a member of the Sons and Daughters of Italy.

\_\_\_\_\_  
(Print Sponsor Name) (Signature of Financial Secretary) (Signature of Applicant) Date \_\_\_\_\_

Are you interested in our life insurance program for yourself or any member of your family? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like someone to call to explain our life insurance program? Yes \_\_\_\_\_ No \_\_\_\_\_

**Answer ALL questions. PRINT OR TYPE INFO. Use ink only. Immediately after initiation the lodge financial secretary shall submit the original completed application to the Grand Lodge of Pennsylvania. PHOTOCOPIES OF COMPLETED APPLICATION ARE NOT ACCEPTED.**

**DISCLAIMER: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

Revised January 2022