

APPLICATION FOR ADULT MEMBERSHIP

Sons and Daughters of Italy
Grand Lodge of Pennsylvania
1518 Walnut Street, Suite 1410
Philadelphia, PA 19102
Phone: (215) 592-1713
Fax: (215) 592-9152



For Office Use Only

Date Enrolled _____
Member Cat. _____
Amt. of Ins. _____
Premium _____
Policy No. _____

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
(Maiden Name) returned.

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.