APPLICATION FOR MEMBERSHIP

INFANTS AND MINORS (AGES 0-17)

TO BE COMPLETED BY LODGE SECRE	<u>TARY: ALL LINES MUST BE</u>	COMPLETED TO BE ENR	ROLLED IN SONS AND DA	AUGHTERS OF ITALY
I hereby apply for Membership in the	L	odge no of the Grand	Lodge of Pennsylvania, Sons	and Daughters of Italy.
Name(Please print)	Addre	SS		
City				
Parent's Name		Phone: Home ()	Work ()	
*** Beneficiary	Relationship	(Please pi	rint)	
Applicant's information:				
Current Age Date of Birth	Place of Birth	<u>Ar</u>	plicant's Gender: Male	Female
Have you ever been a member of the Order? I AGREE THAT NO DEATH BENEFIT SHA	(Maiden Name) Yes No Number of Lo	dge		or application will be
*** MEMBERSHIP PREDICATED UPON PUB *** THIS IS A ONE TIME PAYMENT *** If accepted as a member, I agree to be bound believe in the fundamental principle of God government by force of violence.	by the present and future laws of and Country, and do not profess	the Grand Lodge of Pennsylv any doctrine that aims unla	ania, and of the lodge of wh wfully to overthrow the soci	ial order or the organized
I affirm that I know the applicant and believe	him/her to be a person of good mora	l character and qualified to be	come a member of the Sons a	and Daughters of Italy.
(Print Sponsor Name) (Signate	ure of Financial Secretary) (S	gnature of Parent)	Date	
Answer ALL questions. PRINT OR TYPE IN application to the Grand Lodge of Pennsylvan	FO. <u>Use ink only</u> . Immediately after	initiation the lodge financial s	secretary shall submit <u>the ori</u>	-
DISCLAIMER: Any person who includes any				

Revised January 2022