CHECK ONE BOX: New Member		Order Sons & Daughters of Italy in America Membership Application
Local Lodge Name and Number: Nc North Haven Sons and Daughters of Italy Lodge 2805  First Name:	S SONS OF THE	CHECK ONE BOX: New Member Transfer from Lodge # to #
Local Lodge Name and Number: Nr North Haven Sons and Daughters of Italy Lodge 2805  First Name:	LIBERTY EQUALITY FRATENETY	Reinstatement New Information
First Name:	AMER	MEMBER TYPE: Regular Social Student At Large
Postal Mailing Address:  City	Local Lodge Na	ame and Number: No North Haven Sons and Daughters of Italy Lodge 2805
CityStateZipPhone: Home (	First Name:	M.I.:Last Name:
Email:	Postal Mailing A	Address:
Italian Family Name:   Marital Status: Married _ or Single _ Sex:	City	State Zip Phone: Home ()
Date of Birth Marital Status: Married or Single Sex: Occupation I certify that the above information 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 membership approval Date Sponsor Signature Date Accepted By Local Lodge  Order Sons & Daughters of Italy in America Membership Application  CHECK ONE BOX:	Email:	Cell ()
Occupation	Italian Family Na	ame:
Certify that the above information is true and correct to the best of my knowledge and belief	Date of Birth	Marital Status: Married or Single Sex:
Certify that the above information is true and correct to the best of my knowledge and belief	Occupation	
DateApplicants Signature		
Certify that the applicant is fully eligible for the above membership and recommend membership approval	-	
DateSponsor Signature Date Accepted By Local Lodge  Order Sons & Daughters of Italy in America Membership Application  CHECK ONE BOX:		
Order Sons & Daughters of Italy in America Membership Application  CHECK ONE BOX: New Member Transfer from Lodge # to # Reinstatement New Information  MEMBER TYPE: Regular Social Student At Large  Local Lodge Name and Number: Nx North Haven Sons and Daughters of Italy Lodge 2805  First Name: M.I.: _Last Name: Postal Mailing Address: City State Zip Phone: Home ()  Email: Cell () Italian Family Name: Date of Birth Marital Status: Married or Single Sex: Occupation I certify that the above information 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 membership approval Date Sponsor Signature Sponsor Signature	-	
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Reinstatement New Information  MEMBER TYPE: Regular Social Student At Large  Local Lodge Name and Number : No North Haven Sons and Daughters of Italy Lodge 2805  First Name:	QONS OA	Order Sons & Daughters of Italy in America Membership Application
Local Lodge Name and Number: Nc North Haven Sons and Daughters of Italy Lodge 2805  First Name: M.I.: _ Last Name:  Postal Mailing Address: State Zip Phone: Home ()  Email: Cell () Italian Family Name: Date of Birth Marital Status: Married or Single Sex: Occupation I certify that the above information 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 membership approval Date Sponsor Signature	S LIBRIT ROBERTY	
First Name: M.I.: _ Last Name:  Postal Mailing Address:  City State Zip Phone: Home ()  Email: Cell ()  Italian Family Name:  Date of Birth Marital Status: Married or Single Sex:  Occupation  I certify that the above information 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 membership approval  Date Sponsor Signature	AMERIC	MEMBER TYPE: Regular Social Student At Large
Postal Mailing Address:	Local Lodge Na	ame and Number : No North Haven Sons and Daughters of Italy Lodge 2805
Postal Mailing Address:	•	, ,
CityStateZipPhone: Home ()		
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Date Accepted By Local Lodge		