



# APPLICATION FOR MEMBERSHIP

GRAND LODGE OF MASSACHUSETTS  
ORDER SONS AND DAUGHTERS OF ITALY IN AMERICA  
85 River Street Suite 2 – Waltham, MA 02453

Application for Lodge 1850.  
Return to  
39 Kilby Street Hingham MA 02043  
or email to  
sonsofitalyhingham@gmail.com

I hereby apply for Membership in the \_\_\_\_\_ Lodge # \_\_\_\_\_  
of the Grand Lodge of Massachusetts, Order Sons and Daughters of Italy in America.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_



**GRAND LODGE USE ONLY**

MARITAL STATUS (*Married, Single, or Widowed*): \_\_\_\_\_

ARE YOU OR YOUR SPOUSE OF ITALIAN ANCESTRY (*Yes or No*)? \_\_\_\_\_

IF YES, ITALIAN FAMILY NAME: \_\_\_\_\_

\* TYPE OF MEMBERSHIP APPLIED FOR (*Regular or Social*): \_\_\_\_\_

\* If you or your spouse are of Italian ancestry, you MUST enroll as a REGULAR Member.

Have you ever been a member of the Order (*Yes or No*): \_\_\_\_\_ If Yes, Lodge #: \_\_\_\_\_

If accepted as a member, I agree to be bound by the present and future laws of the Supreme Lodge, of the Grand Lodge of Massachusetts, and of the Lodge of which I become a member.

Are you interested in our Life Insurance Program for yourself or any member of your family (*Yes or No*): \_\_\_\_\_

Would you like an agent to call you to explain our Life Insurance Program (*Yes or No*): \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant (*type if completing electronically*)

\_\_\_\_\_  
Date (*mm/dd/yyyy*)

\_\_\_\_\_  
Name of Sponsor \*\*

\*\* By submitting this application to the Grand Lodge, the Filial Lodge confirms that the sponsor knows the applicant and believes them to be a person of good moral character and qualified to become a member of the Order.

## THIS AREA FOR FILIAL LODGE USE ONLY

DATE INITIATED: \_\_\_\_\_

### INSTRUCTIONS FOR FILIAL LODGE:

Please keep a copy for your records and either email or mail a copy to the Grand Lodge