



# MEMBERSHIP APPLICATION

Website: [www.osiaflorida.org](http://www.osiaflorida.org)

Grand Lodge of Florida

**Type or print legibly and answer all questions below:**

Type of membership: Regular Member ☐ Social Member ☐ Transfer ☐ Reinstatement ☐

I, hereby apply for membership in the \_\_\_\_\_ Lodge # \_\_\_\_\_  
of the Grand Lodge of Florida, Order Sons of Italy in America, Inc. (O.S.I.A.)

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Email: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Are you of Italian descent or married to or adopted by someone of Italian descent? Yes ☐ No ☐

***If you Do Not have an Italian surname, indicate relationship of your Italian lineage and family name to be considered for Regular membership:*** \_\_\_\_\_

Have you ever held membership in the Order Sons of Italy in America? Yes ☐ No ☐

Name of Lodge and Number: \_\_\_\_\_ Date membership discontinued \_\_\_\_\_

Have you ever been convicted of a Felony? Yes ☐ No ☐

***Applicant statement: I do solemnly swear that the answers to all questions are true and that if any misstatements are discovered anywhere in this application, I shall abide by the disciplinary measures taken by the Order, including rendering this application null and void.***

***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 Florida, and for the Lodge of which I become a member. I believe in the fundamental principle of God and country, and do not profess any doctrine which aims to unlawfully overthrow the social order or the organized government by force or violence. Any member or applicant, who commits fraud in gaining admittance into the Order, may be subject to sanctions including expulsion from the Order.***

Applicant Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

***I affirm that I know the applicant and believe that this person is of good moral character and qualifies to become a member of the Order.***

Applicant's Sponsor \_\_\_\_\_ Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**LODGE MUST FILL OUT THE INFORMATION ON THIS APPLICATION TO BE VALID.** Financial Secretary must attach this original form to Per-Capita Quarterly Report for validation by the State Financial Secretary.

Date application received: \_\_\_\_\_ Date member was approved by the assembly \_\_\_\_\_

Date member was initiated \_\_\_\_\_ X \_\_\_\_\_

All dates must be filled in to complete form \_\_\_\_\_ Lodge Financial Secretary Name \_\_\_\_\_ Signature \_\_\_\_\_

**VALIDATED BY GRAND LODGE:** \_\_\_\_\_ **By:** \_\_\_\_\_