



Grand Lodge of Florida

MEMBERSHIP APPLICATION

Website: www.osiaflorida.org

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: _____