



# Napa Lodge 2043

ORDER  
Sons and Daughters of Italy  
IN AMERICA®

Return completed form to local  
Lodge Financial Secretary

### Office Use Only:

Batch# \_\_\_\_\_  
Member # \_\_\_\_\_  
Date Reported: \_\_\_\_\_

## Application

Date: \_\_\_\_\_

Lodge \_\_\_\_\_ Lodge Number \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_

Insurance beneficiary if applicable \_\_\_\_\_

Are you or your spouse of Italian descent?                      yes      no

Explain source of Italian descent \_\_\_\_\_

Children's Names \_\_\_\_\_

Have you ever belonged to another Sons of Italy Lodge?                      yes      no

Reason for termination \_\_\_\_\_

I certify that the applicant is fully eligible for membership & recommend approval.

Sponsor Signature \_\_\_\_\_

I know of no reason why I should not qualify to become a member of this Order.  
This application, when accepted in writing by the Grand Lodge of California,  
shall constitute a formal contract between the Grand Lodge of California and myself.

I do solemnly declare and promise to accept and respect the principles upon which the Order Sons of Italy in America is based, the laws of the Supreme Lodge, the Grand Lodge, and my Lodge. I promise to be bound by the deliberations of the majority, to obey the orders of the National President, the State President, and the President of my Lodge and support the charitable endeavors of the Order. I promise to obey, uphold and defend the laws and Constitution of the United States.

## Type of Membership

Regular                                      R  
Associate                                    A  
Social                                         S  
Social with insurance                    SGB  
Junior Social                                JRS  
Junior with Insurance                    JR  
  
(circle one)

Date Initiated \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Marital Status

married      single      widowed  
(circle one)

Spouse Name \_\_\_\_\_

Termination Date \_\_\_\_\_

Lodge Name \_\_\_\_\_

Sponsor Member # \_\_\_\_\_

### Signatures

### Payments To Be Made By Applicant

Applicant \_\_\_\_\_

Lodge Admission Fees \_\_\_\_\_

Grand Officer \_\_\_\_\_

Mortuary Fund Adm Fees \_\_\_\_\_

Financial Secretary \_\_\_\_\_

Dues \_\_\_\_\_

Date \_\_\_\_\_

Miscellaneous Fees \_\_\_\_\_

Total \_\_\_\_\_