## Order Sons of Italy Grand Lodge of California

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## Return completed form to local Lodge Financial Secretary

Office Use Only:			
Batch#			
Member #			
Date Reported:			
•			

<b>Application</b>	Dat	e:	Type of Membership		
			Regular R		
			Associate A		
Lodge		Lodge Number			
			Social with insurance SCB		
L ( N)	F'(	NATIONAL TOTAL	Junior Social JRS		
Last Name	First	Middle Initial	Junior with Insurance JR (circle one)		
Address			Date Initiated		
City	State	Zip	Daytime Phone		
Male Female			Evening Phone		
	Birth Date	Age			
			E-Mail Address		
Occupation			Marital Status		
			married single widowed		
Insurance beneficiary if ap	plicable		(circle one)		
Are you or your spouse of	Italian descent?	yes I	no		
Are you or your spouse or	italian descent:	yes	Spouse Name		
Explain source of Italian de	escent				
Explain source of Rahari a	5556m				
Children's Names					
Have you ever belonged to	another Sons of Italy Lodge?	yes ı	OO Termination Date		
Reason for termination			Lodge Name		
I certify that the applicant	s fully eligible for membership	& recommend appro	oval.		
Sponsor Signature			Sponsor Member #		
•	should not qualify to become		ler.		
	epted in writing by the Grand ontract between the Grand Loo		myself		
•	•		which the Order Sons of Italy in America		
	· ·		promise to be bound by the deliberations of		
			t, and the President of my Lodge and support the laws and Constitution of the United States.		
chantable endeavors of th	e Order. I promise to obey, ap	noid and defend the	laws and constitution of the officed states.		
	<u>Signatures</u>		Payments To Be Made By Applicant		
Applicant		Lod	Lodge Admission Fees		
Grand Officer		Mortuary Fund Adm Fees			
Financial Secretary		Due	Dues		
Date		Misc	Miscellaneous Fees		
		Tota	al		