



APPLICATION FOR MEMBERSHIP

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

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