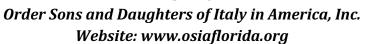


MEMBERSHIP APPLICATION

Grand Lodge of Florida





Type or print legibly and answer all questions belo	<u>w:</u>					
Type of membership: R egular Member	S ocial Member	Transfer Re	einstatement 🗌			
I, hereby apply for membership in the		Lo	dge #			
of the Grand Lodge of Florida, Order Sons of Italy in America, Inc. (O.S.I.A.)						
Applicant's Name:	D	ate of Birth:				
Address:	City	State 2	Zip			
Phone # ()		Marital State	us:			
Place of Birth:	Name of Spouse:					
Are you of Italian descent or married to or a	dopted by someone of	Italian descent?	Yes No No			
If you <u>Do Not</u> 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 Orde						
Name of Lodge and Number:	Date mem	pership discontinue	ed			
Have you ever been convicted of a Felony? Yes \square No \square						
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 a member of the Order.	t this person is of good n	noral character and	qualifies to become			
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: Da	te member was approv	ed by the assembly				
Date member was initiated		x				
All dates must be filled in to complete form	odge Financial Secretary I	Vame Sigi	nature			
VALIDATED BY GRAND LODGE: Rev. 9-24-20 DATE	By:	OF STATE FINANCIAL S	ECRETARY			
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LA NUOVA SICILIA - UNITA LODGE #1251 Membership Application Form

https://sonsofitalyhall.com/

For Official use only

Name :		Date Received by	Date Contacted	
Address:		Comments:		
E-Mail:	-			
Mobile phone:	_ Home p	hone:		-
Birth Date: Wedding Date:				
Occupation/Hobby:				
Are you interested in any of the following:				
	ilding Com corations		lding Maintenance dio/visual	
Other				
Contact me via: Mobile phone Ho	ome phone	E-M	1ail	
Suggestion(s) for meeting(s):				
Reason for joining:				_
If applicable: Region in Italy/Sicily your heritage (comes from	1		