



## ORDER SONS OF ITALY IN AMERICA MEMBERSHIP APPLICATION

CHECK ONE BOX:  New Member  Change Info  Deceased  Inactive  
 Reinstatement  Transfer from Lodge # \_\_\_\_\_ to # \_\_\_\_\_

MEMBER TYPE:  Adult Regular  Youth Member  Social Member  At-Large  
 Associate  Meritorious  Honorary

Member Number:  Local Lodge Number:  Local Lodge Name:

First Name of Applicant:  M.I.:  Last Name:

Postal Mailing Address:

City:  State:  Zip Code:  Home Phone:

Date of Birth:  Marital Status:  Married  Single  Widowed Sex: Male  Female

Occupation:

Email Address:  Italian Family Name:

I certify the information above is true and correct to the best of my knowledge and belief.

Date:  Applicants Signature: \_\_\_\_\_

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

Date:  Sponsor's Signature: \_\_\_\_\_

Date Accepted by Local Lodge:  Date Approved by the State Council: