

# Order Sons of Italy Grand Lodge of California

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

## Application

**Date:**

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

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

Return completed form to local lodge Financial Secretary:

### Type of Membership

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

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

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

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

\_\_\_\_\_ Address

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

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

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

Male \_\_\_\_\_ Female \_\_\_\_\_  
 \_\_\_\_\_ Birth Date \_\_\_\_\_ Age

married single widowed

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

\_\_\_\_\_ Relationship

Are you or your spouse of Italian descent?      yes      no

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

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

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

Have you ever belonged to another Sons of Italy Lodge?      yes      no      Termination Date \_\_\_\_\_

\_\_\_\_\_ Reason for termination \_\_\_\_\_ Lodge Name

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, of 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.

### Signatures

### Payments To Be Made By Applicant

Applicant \_\_\_\_\_  
 Grand Officer \_\_\_\_\_  
 Financial Secretary \_\_\_\_\_  
 Date \_\_\_\_\_

Lodge Admission Fees	_____
Mortuary Fund Adm Fees	_____
Dues (6 months min.)	_____
Miscellaneous Fees	_____
Total	_____