

MEMBERSHIP APPLICATION

NEW YORK GRAND LODGE, ORDER SONS OF ITALY IN AMERICA

2101 Bellmore Avenue, Bellmore, New York 11710

Tel. (516)785-4623 or 1-(800)322-6742 ~ Fax: (516)221-642 ~ website: www.nvsosia.org



Local Lodge Name & Address

Type or print legibly and answer all questions below:

Type of Application Lodge Member Social Member Transfer Reinstatement

Lodge Name & Number _____ District _____

Applicant's Name _____ Date of Birth: _____ Home Phone () _____

Address _____ City _____ State _____ Zip _____

Occupation: _____ Work Phone () _____ Email address: _____

Marital Status: _____ Name of Spouse: _____ If you do not have an Italian surname, indicate the relationship of your Italian American lineage _____

Are you a U.S. Citizen Yes No Place of Birth: _____

Have you ever held membership in the Order Sons of Italy in America? Yes No

If yes, name of lodge and number: _____ Date Membership Discontinued: _____

Reason: _____

Do you belong to any other Italian American organizations? Yes No

If yes, name of organization(s) _____

Member 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 the rendering of this application null and void, and the deprivation to me, to my heirs, and/or to my assignees of all benefits and privileges of the lodge.

Signed: _____ Date: _____

Sponsor statement: I hereby declare, upon my word of honor, that I know the applicant, and to the best of my knowledge, the applicant's statements are true and consider him/her worthy of membership in the Order Sons of Italy in America.

Signed: _____ Print Name of Sponsor _____ Date _____

LOCAL LODGE MUST FILL OUT THE FOLLOWING INFORMATION FOR THIS APPLICATION TO BE VALID. PLEASE NOTE ~ APPLICATION WITH FEE ATTACHED MUST BE RECEIVED AT THE GRAND LODGE OFFICE WITHIN 10 DAYS AFTER MEMBER IS INITIATED.

1. Date Application Received _____

2. Date Application Published/Read _____

3. Date Approved by Assembly _____

4. Date Member Initiated _____ (this date must be filled in to complete form)

Date Application Forwarded To Grand Lodge, Attention State Financial Secretary with proper application fee _____

White copy – Send to the Grand Lodge Yellow copy – Keep for local lodge