

Order Sons of Italy Grand Lodge of California

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Return completed form to local
Lodge Financial Secretary

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

Application

Type of Membership

Regular	R
Associate	A
Social	S
Social with insurance	SCB
Junior Social	JRS
Junior with Insurance	JR

(circle one)

Date Initiated _____

Daytime Phone _____

Evening Phone _____

E-Mail Address
 married single widowed

Relationship _____

Spouse Name _____

Date:

Lodge _____ Lodge Number _____

Last Name _____ First _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

Male ___ Female ___

Birth Date _____ Age _____

Occupation _____ Insurance beneficiary if applicable _____

Are you or your spouse of Italian descent? yes no

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 certify that the applicant is fully eligible for membership & recommend approval _____

Sponsor Signature _____ Sponsor Member # _____

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 _____
 Miscellaneous Fees _____
 Total _____