

# 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

Date: \_\_\_\_\_

\_\_\_\_\_ 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, 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.

## 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 \_\_\_\_\_

Marital Status  
 married      single      widowed  
 (circle one)

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

### Signatures

### Payments To Be Made By Applicant

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

Lodge Admission Fees \_\_\_\_\_  
 Mortuary Fund Adm Fees \_\_\_\_\_  
 Dues \_\_\_\_\_  
 Miscellaneous Fees \_\_\_\_\_  
 Total \_\_\_\_\_