## Grand Lodge of New York Order Sons of Italy in America

2101 Bellmore Avenue Bellmore, NY 11710

Tel: 516-785-4623 \* Fax: 516-221-6742

## Membership **Application**



Toll Free: 800-322-6/42	PLEASE ANSWER ALL HEMS, PRINT UR TY	<u>PE NEAILY</u>	TIMES	
Lodge Name & Number:		Distr	District:	
Applicant's Name:				
<del></del>	(last name)	(first name)	(middle initial)	
Date of Birth: / / Hor	me Address:			
II N ( )		itreet)		
Home Phone: ( )	(City or Town)	(State)	(Zip)	
Work Phone: ()	Occupation:			
Marital Status:	Name of Spouse:	Number of Children:		
	(maiden name if female)			
•				
Indicate the relationship of your Italian-American		Regular Men	Regular Member 🔲	
lineage if you have a non-Italian surname:		Social Memb	er 🗌	
Are you a U.S. citizen?	yes no Place of Birth:			
The you a 0.5. citizen.	yes in Trace of Birth:		(State)	
Have you ever held membership	-		(Gust)	
If yes,				
(Name of Lodge	and Number)			
Date Membership Discontinued	l:/ / Reason:			
Do you belong to any Italian-A	merican oriented organization(s)? 🔲 yes 🔻 🔲 r	10		
If yes, name of organization(s)				
application, I shall abide by the di	vers to all questions are true and that if any misstate isciplinary measures taken by the Order, including o me, to my heirs, and/or to my assignees of all	the rendering of this a	pplication nul	
(Signature of Applicant)		(Date)	(Date)	
SPONSOR STATEMENT	,	(2.550)		
I hereby declare, upon my word	of honor, that I know the applicant, and to the b him/her worthy of membership in the Order Sons o		the applicant's	
• <b>♦</b>	nature of Sponsor)	(D.:.)		
TO BE FILLED IN BY LOCAL LOD	• •	(Date)		
Application received:	Application Published or read:	Assembly approved:	. 22-	
Member initiated:	Application forwarded to State Financial Secretary			
WHITE - GRAND LODGE COPY YELLOW - LOCAL LODGE COPY	Application fee (within 10 days after member initial	ated)	njia.	