

ORDER SONS OF ITALY
Grand Lodge of California
 5051 Mission St.—San Francisco, Ca. 94112
 Tel. (415) 586-1316
 Fax: (415) 586-4786
 email: sonsofitalyca@aol.com
 www.sonsofitalyca.org



Submit White and Yellow copies to Grand Lodge Office;
 Retain Pink copy for Local Lodge Records

FOR OFFICE USE ONLY BATCH #: _____ NEW MEMBER NUMBER: _____ DATE REPORTED: _____
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APPLICATION
 (OSIA/APP99A 1/99)

TELEPHONE NUMBER: () - _____ LODGE NUMBER: _____

MEMBER LAST NAME: _____ MEMBER FIRST NAME: _____

MAIL ADDR: _____ CITY: _____ STATE: _____ ZIP: _____

BIRTH DATE: ____/____/____ AGE INITIATED: _____ DATE INITIATED: ____/____/____

CLASS (R = REG.; A = ASSOC.; S = SOCIAL; SBC = SOCIAL W/BENEFITS; J = JR.; JRS = JR. SOCIAL): _____ HOSP (YEAR) PD.: _____

SEX: ____ (M = MALE; F = FEMALE) EMAIL: _____

PROPONENT NAME: _____ PROPONENT NUMBER: _____

LODGE NAME: _____ PROPONENT LODGE NUMBER: _____

INITIAL BENEFICIARY: _____ RELATIONSHIP: _____

CONTINGENT BENEFICIARY: _____ RELATIONSHIP: _____

- I have never belonged to any Lodge Of the Order. (If this is not true, fill the following two lines).
 I have been a member of Lodge _____ from which I was terminated
 on ____/____/____ for _____.
- My occupation is (or, if retired, was) _____.
- I am: Single: ____; Married: ____ and my spouse's name is: _____.
 I have ____ children, whose names are: _____.
- I am _____, am not _____ of Italian descent. My spouse is _____, is not _____ of Italian descent.
- Explain the source of Italian descent: _____.
- I know of no reason why I should not 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. Until then, all monies deposited, including the life insurance premiums are fully refundable, except for the application fees.

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 of 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 of the Constitution of the United States of America.

SIGNATURES

PAYMENTS TO BE MADE BY APPLICANT

APPLICANT _____	Lodge Admission Fee.....\$ _____
GRAND OFFICER _____	Mortuary Fund Admin Fees\$ _____
FINANCIAL SECRETARY _____	Monthly Dues (3 months minimum).....\$ _____
DATE: ____/____/____	Total.....\$ _____