

**Order Sons of Italy in America
Grand Lodge of Pennsylvania
The Curtis Center, Suite L45
Philadelphia, PA 19106
Phone: (215) 592-1713
Fax: (215) 592-9152**

Application for Membership



For Office Use Only

Date Enrolled _____
Member Cat. _____
Amt. of Ins. _____
Premium _____
Policy No. _____

(Make checks payable to West Shore Lodge #2651, P.O.Box 1293 Mechanicsburg, PA 17055)

I hereby apply for Membership in the _____ Lodge no. _____ of the Grand Lodge of Pennsylvania, Order Sons of Italy in America.

Name _____ Beneficiary _____
(Please print) *(Please print)*

Address _____ City _____ State _____ ZIP _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____ Fax (____) _____ Email _____

Current Age _____ Date of Birth _____ Place of Birth _____ Occupation _____

Married _____ Single _____ Widowed _____ Name of: Husband _____ \$50.00 ages 54 and under. (Enrolled in Insurance Program.)
Wife _____ \$40.00 ages 55 and over. (Not enrolled in insurance program.)
(Maiden Name)

Are you of Italian ancestry? Yes ___ No ___ Name of: Father _____ Is your spouse of Italian ancestry? Yes ___ No ___
Mother _____
(Maiden Name)

Have you ever been a member of the Order? Yes ___ No ___ Number of Lodge _____

Is your spouse a member? Yes ___ No ___ If yes, Lodge # _____

I AGREE THAT NO DEATH BENEFIT SHALL TAKE EFFECT UNTIL INITIAL DUES HAVE BEEN PAID.

If accepted as a member, I agree to be bound by the present and future laws of the Supreme Lodge of the Grand Lodge of Pennsylvania, and of the lodge of which I become a member. I believe in the fundamental principle of God and Country, and do not profess any doctrine that aims unlawfully to overthrow the social order or the organized government by force of violence.

I affirm that I know the applicant and believe him/her to be a person of good moral character and qualified to become a member of the Order.

(Print Sponsor Name) _____ *(Signature of Financial Secretary)* _____ *(Signature of Applicant)* _____ Date _____

(Are you interested in our life insurance program for yourself or any member of your family? Yes ___ No ___)

(Would you like someone to call to explain our life insurance program? Yes ___ No ___)

(Are you interested in other insurance and annuity programs? Yes ___ No ___)

Answer ALL questions. PRINT OR TYPE INFO Use ink only. Applications should not be folded or bent in mailing. Immediately after initiation, the lodge financial secretary shall submit the application with the application fee to the Grand Lodge of Pennsylvania. PHOTOCOPIES ARE NOT ACCEPTED