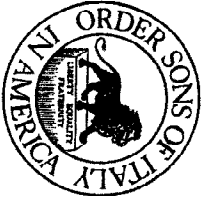


Order Sons of Italy in America
 Grand Lodge of Pennsylvania
 The Curtis Center, Suite 718 E
 Philadelphia, PA 19106
 Phone: (215) 592-1713
 Fax: (215) 592-9152

APPLICATION FOR MEMBERSHIP



For Office Use Only

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

TO BE COMPLETED BY LODGE SECRETARY:

ALL LINES MUST BE COMPLETED TO BE ENROLLED IN OSIA

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

Name _____ (Please print) Address _____

City _____ (Please print) State _____ Zip _____ Phone: Home () _____ Work () _____

Cell () _____ Fax () _____ Email _____ Smoker _____ Non-Smoker _____ (applicant)

*** Beneficiary _____ Relationship _____

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

Married _____ Single _____ Widowed _____ Name of: Husband _____ Gender: Male _____ Female _____
 Wife _____ (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 spouse a member? Yes _____ No _____
 If yes, Lodge # _____

I AGREE THAT NO DEATH BENEFIT SHALL TAKE EFFECT UNTIL INITIAL DUES HAVE BEEN PAID.
*****MEMBERSHIP INCLUDES A \$500.00 INSURANCE POLICY FOR AGES 0 TO 54 AS PART OF MEMBERSHIP PACKAGE*****
 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. Immediately after initiation the lodge financial secretary shall submit the original completed application with the application fee to the Grand Lodge of Pennsylvania. PHOTOCOPIES OF COMPLETED APPLICATION NOT ACCEPTED.