Order Sons of Italy		SONSON	Return completed form to local	
Grand Lodge of California			Lodge Financial Secretary	
5051 Mission St San Francisco, CA 94112			Office Use Only:	
phone	( )	AMERIC	Batch#	
fax e-mail	· · ·	MILA	Member # Date Reported:	
0.114	www.sonsofitalyca.org			
<b>Application</b>	Date:		Type of Membership	
			Regular R	
Lodge		Lodge Number	Associate A Social S	
Louge		Louge Number	Social with insurance SCB	
			Junior Social JRS	
Last Name	First	Middle Initial	Junior with Insurance JR (circle one)	
Address			Date Initiated	
City	State	Zip	Daytime Phone	
Male Female			Evening Phone	
	Birth Date	Age	E-Mail Address	
Occupation			<u>Marital Status</u> married single widowed	
Insurance beneficiary if app	blicable		(circle one)	
Are you or your spouse of I	talian descent?	yes no		
			Spouse Name	
Explain source of Italian de	scent			
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	s fully eligible for membership & 1	ecommend approval.		
Sponsor Signature			Sponsor Member #	
I know of no reason why I s This application, when acce	should not qualify to become a m epted in writing by the Grand Lod ntract between the Grand Lodge	ge of California,		
I do solemnly declare and p	promise to accept and respect the	e principles upon which the C	Drder Sons of Italy in America	
			be bound by the deliberations of	
	ders of the National President, the Order. I promise to obey, uphole		resident of my Lodge and support the onstitution of the United States.	
	Signatures	Paymen	its To Be Made By Applicant	
Applicant		Lodge Admission Fees		
Grand Officer Mortuary Fu		d Adm Fees		
Financial Secretary Dues				

Miscellaneous Fees

Total

Date