

**MEMBERSHIP APPLICATION**  
**NEW YORK GRAND LODGE, ORDER SONS OF ITALY IN AMERICA**  
2101 Bellmore Avenue, Bellmore, New York 11710  
Tel. (516)785-4623 or 1(800)322-6742- Fax: (516)221-6742 —website: [www.nysosia.org](http://www.nysosia.org)



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**DUCA DEGLI ABRUZZI Lodge #443**  
**126 ODELL AVE. ENDICOTT, NY 13760**

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*Type or print legibly and answer all questions below:*

**Type of Application**  
*Check or circle one*

**Lodge Member** \_\_\_\_\_ **Social Member** \_\_\_\_\_ **Transfer** \_\_\_\_\_ **Reinstatement** \_\_\_\_\_

**Lodge Name & Number:** DUCA DEGLI ABRUZZI Lodge #443 \_\_\_\_\_ **District:** 7 \_\_\_\_\_

**Applicant's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Home Phone ( )** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Marital Status** \_\_\_\_\_ **Name of Spouse:** \_\_\_\_\_ **If you do not have an Italian surname, indicate the relationship of your**

**Italian American lineage** \_\_\_\_\_

**Are you a U.S. Citizen** Yes \_\_\_\_\_ No \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Have you ever held membership in the Older Sons of Italy in America?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, name of lodge and number.** \_\_\_\_\_ **Date Membership Discontinued:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

**Do you belong to any other Italian American organizations?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, name of organization(s)** \_\_\_\_\_

**Member statement:** I do solemnly swear that the answers to all questions are true and that if any misstatements are discovered anywhere in this application, I shall abide by the disciplinary measures taken by the Order, including the rendering of this application null and void, and the deprivation to me, to my heirs, and/or to my assignees of all benefits of membership in the Order of Sons of Italy in America.

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Sponsor statement:** I hereby declare, upon my word of honor, that I know the applicant, and to the best of my knowledge, the applicant's statements are true and consider him/her worthy of membership in the Order of Sons of Italy in America.

**Signed:** \_\_\_\_\_ **Print Name of Sponsor** \_\_\_\_\_ **Date** \_\_\_\_\_

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**LOCAL LODGE MUST FILL OUT THE FOLLOWING INFORMATION FOR THIS APPLICATION TO BE VALID. PLEASE NOTE - APPLICATION WITH FEE ATTACHED MUST BE RECEIVED AT THE GRAND LODGE OFFICE WITHIN 10 DAYS AFTER MEMBER IS INITIATED.**

1. **Date Application Received** \_\_\_\_\_
2. **Date Application Published/Read** \_\_\_\_\_
3. **Date Approved by Assembly** \_\_\_\_\_
4. **Date Member Initiated** \_\_\_\_\_ (this date must be filled hi to complete form)
5. **Date Application Forwarded To Grand Lodge, Attention State Financial Secretary with proper application fee** \_\_\_\_\_

White copy - **Send** to the Grand Lodge      Yellow copy - Keep for local lodge