

**Please complete both sides**

**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.nvsosia.org](http://www.nvsosia.org)



Local Lodge Name & Address

**Duca Degli Abruzzi Lodge # 443**  
**126 Odell Ave. Endicott, New York 13760**

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

Type of Application    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 \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ E-mail 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 Order 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 and privileges of the lodge.*

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 Sons of Italy in America.*

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

**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 to complete form)*

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

