

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 ~ website: www.nysosia.org



JOHN MICHAEL MARINO LODGE #1389
P.O. Box 403
Port Washington, N.Y. 11050

Local Lodge Name & Address

TYPE OR PRINT LEGIBLY AND ANSWER ALL QUESTIONS BELOW:

| | | | | |
|----------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------|
| Type of Application | Lodge Member | Social Member | Transfer | Reinstatement |
| Lodge Name & Number | JOHN MICHAEL MARINO LODGE #1389 | | | District TWO |
| Applicant's Name | Date of Birth: _____ | | Hi | Home Phone () _____ |
| Address | City | State | Zip | |
| Occupation: | Work Phone () _____ | Email address: | _____ | |
| Marital Status: _____ | Name of Spouse: _____ | If you <u>do not</u> 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: | _____ | | | |
| Have you ever been convicted of a crime? | Yes | No | | |
| 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 in 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