

Order Sons of Italy in America
Grand Lodge of Pennsylvania
The Curtis Center, Suite L45
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: ***
OSIA ***

ALL LINES MUST BE COMPLETED TO BE ENROLLED WITH

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

Name _____ ***** Beneficiary** _____ **Relationship** _____
(Please Print) (Please Print)

Address _____ City _____ State _____ Zip _____

Phone: Home: () _____ Work: () _____ Cell: () _____ Fax: () _____ E-mail: _____

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

Married ___ Single ___ Widowed ___ Name of: Husband _____

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 ___ Lodge No. _____

Is spouse a member? Yes ___ No ___ If yes, Lodge No. _____

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 application with the application fee to the Grand Lodge of Pennsylvania. PHOTOCOPIES NOT ACCEPTED.