

# Order Sons of Italy Grand Lodge of California

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Office Use Only:	
Batch#	_____
Member #	_____
Date Reported:	_____

## Application

Date:

**Cristoforo Colombo**

**1534**

Lodge

Lodge Number

Sponsor Signature \_\_\_\_\_

Sponsor Member # \_\_\_\_\_

Return completed form to local lodge Financial Secretary: Madeleine Zunino <a href="mailto:madnlar@sbcglobal.net">madnlar@sbcglobal.net</a>	775-329-6964 4385 Mountaingate Dr Reno, NV 89519-7916
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### Type of Membership

Regular	R
Associate	A
Social	S
Social with insurance	SCB
Junior Social	JRS
Junior with insurance	JR
	(circle one)

Date Initiated \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Male \_\_\_ Female \_\_\_  
 Birth Date \_\_\_\_\_ Age \_\_\_\_\_

married single widowed

Occupation \_\_\_\_\_ Insurance beneficiary if applicable \_\_\_\_\_

Relationship \_\_\_\_\_

Are you or your spouse of Italian descent?      yes      no

Spouse Name \_\_\_\_\_

Explain source of Italian descent \_\_\_\_\_

Children's Names \_\_\_\_\_

Have you ever belonged to another Sons of Italy Lodge?      yes      no      Termination Date \_\_\_\_\_

Reason for termination \_\_\_\_\_ Lodge Name \_\_\_\_\_

I know of no reason why I should not qualify to become a member of this Order. This application, when accepted in writing by the Grand Lodge of California shall constitute a formal contract between the Grand Lodge of California and myself.

I do solemnly declare and promise to accept and respect the principles upon which the Order Sons of Italy in America is based; the laws of the Supreme Lodge, of the Grand Lodge, and my Lodge. I promise to be bound by the deliberations of the majority; to obey the orders of the National President, the State President, and the President of my Lodge and support the charitable endeavors of the Order. I promise to obey, uphold and defend the laws and Constitution of the United States.

### Signatures

Applicant \_\_\_\_\_  
 Grand Officer \_\_\_\_\_  
 Financial Secretary \_\_\_\_\_  
 Date \_\_\_\_\_

### Payments To Be Made By Applicant

Lodge Admission Fees \_\_\_\_\_  
 Mortuary Fund Adm Fees \_\_\_\_\_  
 Dues (6 months min.) \_\_\_\_\_  
 Miscellaneous Fees \_\_\_\_\_  
 Total \_\_\_\_\_