

Order Sons of Italy Grand Lodge of California



P.O. Box 2467
Fairfield, CA 94533
phone: (415) 586-1316

e-mail: sonsofitalyca@aol.com
web site: www.sonsofitalyca.org

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

Application

Date:

Cristoforo Colombo

1534

Type of Membership

Lodge

Lodge Number

Regular R

Associate A

Social S

Social with insuranc SCB

Junior Social JRS

Junior with insuranc JR
(circle one)

Sponsor name

Sponsor Member #

Return completed form to local lodge Financial Sec 408-582-2261
Christopher Cifelli 469 Missoula Ct Reno, NV 89511
chriscifelli@sbcglobal.net

Date Initiated _____

Last Name First Middle Initial

Daytime Phone _____

Address _____

Evening 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? **no** Spouse Name _____

Explain source of Italian descent _____

Children's Names _____

Have you ever belonged to another Sons of Italy L **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

Payments To Be Made By Applicant

Applicant _____

Lodge Admission Fees _____

Grand Officer _____

Mortuary Fund Adm Fees _____

Financial Secretary _____

Dues (6 months min.) _____

Date _____

Miscellaneous Fees _____

Total _____