

# 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)221-642 ~ website: [www.nysosia.org](http://www.nysosia.org)



## Local Lodge Name & Address

CONSTANTINO BRUMIDI LODGE NO. 2211

2075 Deer Park Avenue

Deer Park, N.Y. 11729

Type or print legibly and answer all questions below:

Type of Application      Lodge Member       Social Member       Transfer       Reinstatement

Lodge Name & Number    CONSTANTINO BRUMIDI LODGE NO. 2211      District    01

Applicant's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_ Email 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 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