

ORDER SONS OF ITALY

PANAMA CITY, FL LODGE #2845  
PO BOX 1512  
LYNN HAVEN, FLORIDA 32444



APPLICATION

FOR OFFICE USE ONLY:

BATCH #: \_\_\_\_\_  
NEW MEMBER NUMBER \_\_\_\_\_  
DATE REPORTED: \_\_\_\_\_

TELEPHONE NUMBER ( ) \_\_\_\_\_ (osia / app99a 1/99) LODGE NUMBER: 2845

MEMBER LAST NAME: \_\_\_\_\_ MEMBER FIRST NAME: \_\_\_\_\_

MAIL ADDR: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE INITIATED: \_\_\_\_\_ DATE INITIATED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CLASS (R=REG, A = ASSOC , S=SOC, SCB=SOC W/ BENEF, J=JR, JRS=JR SOCIAL) \_\_\_\_\_ HOSP (YEAR) PD: \_\_\_\_\_

SEX: \_\_\_\_\_ (M=MALE, F=FEMALE) SOC. SEC. NO: \_\_\_\_\_ PROPONENT MEMBER NO: \_\_\_\_\_

PROponent NAME: \_\_\_\_\_ PROPONENT LODGE NO: 2845

LODGE NAME: Panama City Lodge #2845

INITIAL BENEFICIARY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTINGENT BENEFICIARY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

1. I have never belonged to any Lodge of the Order. ( If this is not true, fill in the following two lines.)

I have been a member of Lodge \_\_\_\_\_ from which I was terminated  
on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ for \_\_\_\_\_

2. My occupation is (or if retired was ) \_\_\_\_\_

3. I am: Single \_\_\_\_\_ Married \_\_\_\_\_ and my spouses name is \_\_\_\_\_

I have \_\_\_\_\_ children whose names are \_\_\_\_\_

4. I am \_\_\_\_\_, am not \_\_\_\_\_ of Italian descent. My spouse is \_\_\_\_\_, is not \_\_\_\_\_ of Italian descent.

5. Explain source of Italian descent: \_\_\_\_\_

6. I know of no reason why I should not qualify to become a member of this Order.

7. This application, when accepted in writing by the **Grand Lodge of Florida** shall constitute a formal contract between the **Grand Lodge of Florida** and myself. Until then, all monies deposited, including the life insurance premiums are fully refundable, except for the application fees.

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 of 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 the Constitution of the United States of America.

SIGNATURES

PAYMENTS TO BE MADE BY APPLICANT

APPLICANT \_\_\_\_\_

Lodge Admission Fees \$ 10.00 (1 Time)

GRAND OFFICER \_\_\_\_\_

Mortuary Fund Adm. Fees \$ \_\_\_\_\_  
\$15.00 YEARLY-OPTIONAL

FINANCIAL SECRETARY \_\_\_\_\_

Dues: (Annual \$60.00) \$ \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

TOTAL: \$ \_\_\_\_\_