

Order Sons of Italy in America
Watsonville Lodge #2016
 P.O. Box 1438
 Watsonville, CA 95077
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Office Use Only:	
Batch#	_____
Member #	_____
Date Reported:	_____

Application

Date:

_____ Lodge _____ Lodge Number _____

_____ Sponsor name _____ Sponsor Member # _____

Return completed form to local lodge Financial Secretary:

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 _____

_____ 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? 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

Payments To Be Made By Applicant

Applicant _____
 Grand Officer _____
 Financial Secretary _____
 Date _____

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