

**AT-LARGE APPLICATION FOR MEMBERSHIP**



Sons and Daughters of Italy  
Grand Lodge of Pennsylvania  
1518 Walnut Street, Suite 1410  
Philadelphia, PA 19102  
Phone: (215) 592-1713  
Fax: (215) 592-9152

**For Office Use Only**  
Date Enrolled \_\_\_\_\_  
Member Cat. \_\_\_\_\_  
Amt. of Ins. \_\_\_\_\_  
Annual Dues \_\_\_\_\_  
Policy No. \_\_\_\_\_

**ALL LINES MUST BE COMPLETED**

I hereby apply for Membership as an At-large Member of the Grand Lodge of Pennsylvania, Sons and Daughters of Italy.

Name \_\_\_\_\_ Address \_\_\_\_\_  
(Please print)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Married \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_ Full Name of: Husband \_\_\_\_\_ **Applicant's Gender:** Male \_\_\_\_ Female \_\_\_\_  
Wife \_\_\_\_\_  
(Maiden Name)

Are you of Italian ancestry? Yes \_\_\_\_ No \_\_\_\_ Full Name of: Father \_\_\_\_\_ Mother \_\_\_\_\_  
Is your spouse of Italian ancestry? Yes \_\_\_\_ No \_\_\_\_ (Maiden Name)

Have you ever been a member of the Order? Yes \_\_\_\_ No \_\_\_\_ Number of Lodge \_\_\_\_\_ Is spouse a member? Yes \_\_\_\_ No \_\_\_\_ If yes, Lodge# \_\_\_\_\_

**Select one of the following for At-Large Membership:**

- \$50.00 Annual- **DUES INCLUDES A \$500.00 INSURANCE POLICY FOR AGES 0 TO 64 AS PART OF AN AT-LARGE WITH INSURANCE MEMBERSHIP**
- \$100.00 Annual- **DUES INCLUDES A \$1,500.00 INSURANCE POLICY FOR AGES 0 TO 64 AS PART OF AN AT-LARGE WITH INSURANCE MEMBERSHIP**

\*\*\* Beneficiary \_\_\_\_\_ Address: \_\_\_\_\_ Relationship \_\_\_\_\_ (Please print)

\$35.00 Annual Available only to applicants 65 or over (No Insurance).

If accepted as a member, I agree to be bound by the present and future laws of the Grand Lodge of Pennsylvania. I believe in the fundamental principle of God and Country, and do not profess any doctrine that aims unlawfully to overthrow the social order or the organized government by force of violence.

\_\_\_\_\_  
(Signature of Applicant) Date \_\_\_\_\_

Are you interested in an additional life insurance program for yourself or any member of your family? Yes \_\_\_\_ No \_\_\_\_  
Would you like someone to call to explain our life insurance program? Yes \_\_\_\_ No \_\_\_\_

**Answer ALL questions. PRINT OR TYPE INFO. Use ink only. PHOTOCOPIES OF COMPLETED APPLICATION ARE NOT ACCEPTED.**

**DISCLAIMER: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**