

# 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. \_\_\_\_\_  
Premium \_\_\_\_\_  
Policy No. \_\_\_\_\_

## INFANTS AND MINORS (AGES 0-17)

**TO BE COMPLETED BY LODGE SECRETARY: ALL LINES MUST BE COMPLETED TO BE ENROLLED IN SONS AND DAUGHTERS OF ITALY**

I hereby apply for Membership in the \_\_\_\_\_ Lodge no. \_\_\_\_\_ of the Grand Lodge of Pennsylvania, Sons and Daughters of Italy.

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

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

Parent's Name \_\_\_\_\_ Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

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

### Applicant's information:

Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Applicant's Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Are you of Italian ancestry? Yes \_\_\_ No \_\_\_ Name of: Father \_\_\_\_\_  
Mother \_\_\_\_\_ Must Provide Italian Heritage surname or application will be  
(Maiden Name) returned.

Have you ever been a member of the Order? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Lodge \_\_\_\_\_

**I AGREE THAT NO DEATH BENEFIT SHALL TAKE EFFECT UNTIL INITIAL DUES HAVE BEEN PAID.**

\*\*\*MEMBERSHIP PREDICATED UPON PURCHASE OF A MINIMUM OF \$1,000.00 SINGLE PREMIUM LIFE INSURANCE POLICY\*\*\*

\*\*\*THIS IS A ONE TIME PAYMENT\*\*\*

If accepted as a member, I agree to be bound by the present and future laws of the Grand Lodge of Pennsylvania, and of the lodge of which I become a member. 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.

I affirm that I know the applicant and believe him/her to be a person of good moral character and qualified to become a member of the Sons and Daughters of Italy.

\_\_\_\_\_  
(Print Sponsor Name) (Signature of Financial Secretary) (Signature of Parent) Date \_\_\_\_\_

**Answer ALL questions. PRINT OR TYPE INFO. Use ink only. Immediately after initiation the lodge financial secretary shall submit the original completed application to the Grand Lodge of Pennsylvania. 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.**