

ORDER SONS OF ITALY  
LA COSTA DEI FIORI # 2424  
PO BOX 231724  
ENCINITAS, CA 92023



APPLICATION

FOR OFFICE USE ONLY:  
BATCH #: \_\_\_\_\_  
NEW MEMBER NUMBER \_\_\_\_\_  
DATE REPORTED: \_\_\_\_\_

TELEPHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_ (osia / app99a 1/99) LODGE NUMBER: 2424

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

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

EMAIL ADDRESS: \_\_\_\_\_

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: N/A

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

PROponent NAME: \_\_\_\_\_ PROPONENT LODGE NO: 2424

LODGE NAME: LA COSTA DEI FIORI # 2424

INITIAL BENEFICIARY: N/A RELATIONSHIP: N/A

CONTINGENT BENEFICIARY: N/A RELATIONSHIP: N/A

- 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 California shall constitute a formal contract between the Grand Lodge of California 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 \_\_\_\_\_  
GRAND OFFICER \_\_\_\_\_  
FINANCIAL SECRETARY \_\_\_\_\_  
DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Lodge Admission Fees \$ 10.00 (1 Time)  
Mortuary Fund Adm. Fees \$ N/A  
\$15.00 YEARLY-OPTIONAL  
Dues: (Annual \$50.00) \$ \_\_\_\_\_  
TOTAL: \$ \_\_\_\_\_