



# Membership Application

## New York Grand Lodge, Order Sons of Italy in America

2101 Bellmore Avenue, Bellmore, New York 11710

Tel. (516)785-4623 or 1(800)322-6742 ~ Fax: (516)221-642 ~ website: [www.nysosia.org](http://www.nysosia.org)

Local Lodge Name & Address

Mail application to:  
Phil Raffiani  
146 Main Street  
Tuckahoe, NY 10707

Giuseppe Garibaldi  
Lodge # 2583  
Eastchester, NY  
<http://www.sonsofitalylodge.org>

Type of Application:  Lodge Member  Social Member  Transfer  Reinstatement

Lodge Name & Number \_\_\_\_\_ District: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ DOB \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse \_\_\_\_\_

If you **do not** have an Italian surname, indicate the relationship of your Italian American lineage.

Are you a U.S Citizen?  Yes  No Place of Birth \_\_\_\_\_

Have you ever held membership in the Order Sons of Italy in America?  Yes  No

If yes name of lodge and number: \_\_\_\_\_ Date Membership discontinued \_\_\_\_\_

Reason \_\_\_\_\_

Do you belong to any other Italian American organizations?  Yes  No

if yes, name of organizations \_\_\_\_\_

Member Statement: I do solemnly swear that the answers to all questions are true and that if any misstatements are discovered anywhere in this application, I shall abide by the disciplinary measures taken by the Order, including rendering this application null and void, and the deprivation to me, to my heirs, and/or to my assignees of all benefits and privileges of the lodge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Sponsor Statement: I hereby declare, upon my word of honor, that I know the applicant, and to the best of my knowledge, the applicant's statements are true and consider him/her worthy of membership in the Order Sons of Italy in America.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**LOCAL LODGE MUST FILL OUT THE FOLLOWING INFORMATION FOR THIS APPLICATION TO BE VALID. PLEASE NOTE: APPLICATION WITH FEE ATTACHED MUST BE RECEIVED AT THE GRAND LODGE OFFICE WITHIN 10 DAYS AFTER MEMBER IS INITIATED.**

1. Date Application Received \_\_\_\_\_

2. Date Application Published/Read \_\_\_\_\_

Date Approved by Assembly \_\_\_\_\_

Date Member Initiated \_\_\_\_\_ (this date must be filled in to complete form)

Date Application Forwarded to Grand Lodge, Attention State Financial Secretary with proper application fee \_\_\_\_\_