

**MEMBERSHIP ENROLLMENT FORM**  
**ORDER SONS OF ITALY IN AMERICA - GRAND LODGE OF PENNSYLVANIA**

*(A Fraternal Benefit Society)*

The Curtis Center, Suite L-45

601 Walnut Street

Philadelphia, PA 19106

Phone: (215) 592-1713 Fax: (215) 592-9152

Lodge Name \_\_\_\_\_

Lodge No. \_\_\_\_\_

**PROPOSED MEMBER:**

Full name (print) \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_  
 Fax (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Sponsor (print) \_\_\_\_\_ Death Benefit Amount \$ \_\_\_\_\_  
 Name of Beneficiary \_\_\_\_\_ Relationship to Member: \_\_\_\_\_  
 \*\*\* Italian Affiliation: (If your current last name is not of Italian origin please specify your Italian Affiliation for Membership: \*\*\* \_\_\_\_\_

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

Signed at \_\_\_\_\_ day of \_\_\_\_\_  
 Member Signature \_\_\_\_\_  
 (Parent or Guardian must sign for minor under 16)  
 Signature of Lodge Secretary \_\_\_\_\_

**PHOTOCOPIES NOT ACCEPTED**

OFFICE USE ONLY
No. _____
DOE _____
Member Cat. _____