

**Membership Application – Sons of Italy of Ocean City, Lodge 2474**



**Order Sons of Italy In America**  
**Membership Application**  
**Grand Lodge of Maryland**

**Member Number** \_\_\_\_\_  **Adult**  
(This space reserved for use by Grand Lodge of Maryland)  **Youth**

**Check One Box:**  **New Member \$58.00** (Annual dues thereafter are currently \$38.00)  
 **Reinstatement \$43.00**  
**> Please make your check payable to: Sons of Italy of Ocean City <**  
 **Transfer member from Lodge # \_\_\_\_\_ to Lodge # 2474** (No cost)

**Application Instructions:** 1) Please check one box above & enclose the amount shown.  
2) Complete below & print using blue or black ink.  
3) Return your membership application & your check to:  
Sons of Italy of Ocean City Lodge 2474 - Attention: Membership  
P. O. Box 4596, Ocean City, MD 21843

Please visit our website at: [www.sonsofitalyoceancity.com](http://www.sonsofitalyoceancity.com)

**Filial Lodge & Number:** Sons of Italy of Ocean City - Lodge 2474

**Email Address:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Italian Family Name:** \_\_\_\_\_  **Married**  **Single**

**Occupation:** \_\_\_\_\_  **Male**  **Female**

I certify that the above information is true & correct to the best of my knowledge and belief.

**Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_

I certify that the applicant is fully eligible for membership & recommend approval.

**Date:** \_\_\_\_\_ **Sponsor's Signature:** \_\_\_\_\_

Please Do Not Write Below This Line

**Date Accepted by Lodge 2474:** \_\_\_\_\_ **Date Approved by the State Council:** \_\_\_\_\_