Membership Application-Sons of Italy of Ocean City, Lodge 2474



| Order Sons of Italy In America Membership Application Grand Lodge of Maryland | | Member Number | name and were | [] Adult [] Youth |
|--|---|------------------|--|---------------------------------------|
| | | , | Total Control Material Materia | · · · · · · · · · · · · · · · · · · · |
| Check One Box: | [] New Member \$60.00(Annual dues thereafter are currently \$40.00) [] Reinstatement \$45.00 >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 | | | | |
| Filial Lodge & Number: Sons of Italy of Ocean City - Lodge 2474 | | | | |
| Email Address: | œ | | | |
| 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: | Applic | ant's Signature: | Ø; | |
| I certify that the applicant is fully eligible for membership & recommend approval. | | | | |
| Date: | Sponse | or's Signature: | | |
| Please Do Not Write Below This Line | | | | |
| Date Accepted by Lodge 2474: Date Approved by the State Council: | | | | |