

**Order Sons of Italy  
Grand Lodge of California**

**Watsonville Lodge #2016  
P. O. Box 1438  
Watsonville, CA 95076  
Ph: 831-722-7958 Fax: 831-722-7924  
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Website: [www.sonsofitalywatsonville.org](http://www.sonsofitalywatsonville.org)**



**Return completed form to local  
Lodge Financial Secretary**

**Office Use Only:**

Batch#	_____
Member #	_____
Date Reported:	_____

**Application**

**Date:** \_\_\_\_\_

\_\_\_\_\_ Lodge Number \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male \_\_\_ Female \_\_\_  
\_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_ Insurance beneficiary if applicable \_\_\_\_\_

Are you or your spouse of Italian descent?                      yes      no

\_\_\_\_\_ Explain source of Italian descent \_\_\_\_\_

\_\_\_\_\_ Children's Names \_\_\_\_\_

Have you ever belonged to another Sons of Italy Lodge?                      yes      no

\_\_\_\_\_ Reason for termination \_\_\_\_\_

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

Sponsor Signature \_\_\_\_\_

I know of no reason why I should not qualify to become a member of this Order.  
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.

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, the Grand Lodge, and 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 Constitution of the United States.

**Type of Membership**

Regular	R
Associate	A
Social	S
Social with insurance	SCB
Junior Social	JRS
Junior with Insurance	JR

(circle one)

Date Initiated \_\_\_\_\_

\_\_\_\_\_ Daytime Phone \_\_\_\_\_

\_\_\_\_\_ Evening Phone \_\_\_\_\_

\_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Marital Status**

married      single      widowed  
(circle one)

\_\_\_\_\_ Spouse Name \_\_\_\_\_

\_\_\_\_\_ Termination Date \_\_\_\_\_

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

Sponsor Member # \_\_\_\_\_

**Signatures**

**Payments To Be Made By Applicant**

Applicant \_\_\_\_\_  
Grand Officer \_\_\_\_\_  
Financial Secretary \_\_\_\_\_  
Date \_\_\_\_\_

Lodge Admission Fees \_\_\_\_\_  
Mortuary Fund Adm Fees \_\_\_\_\_  
Dues \_\_\_\_\_  
Miscellaneous Fees \_\_\_\_\_  
Total \_\_\_\_\_