



**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 website: www.nyosia.org

*Local Lodge Name & Address*

**Dr. Vincenzo Sellaro Lodge #2319**  
**P.O. Box 301**  
**Smithtown, NY 11787**

Type or print legibly and answer all questions below:

Type of Application: Lodge Member  Social Member  Transfer  Reinstatement

Lodge Name & Number Dr. Vincenzo Sellaro Lodge #2319 District 1

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

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

Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

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 the organization(s) \_\_\_\_\_

**Member statement: I do solemnly swear tht 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 the rendering of 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 statement are true and consider him/her worthy of membership in the Order Sons of Italy in America.**

Signed: \_\_\_\_\_ Print Name of Sponsor \_\_\_\_\_ Date \_\_\_\_\_

**LOCAL LODGE MUST FILL OUT THE FOLLOWING INFORMATIN 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 \_\_\_\_\_
3. Date Approved by Assembly \_\_\_\_\_
4. 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 \_\_\_\_\_

*White copy-Send to Grand Lodge*

*Yellow copy-Keep for local lodge*