



## APPLICATION FOR MEMBERSHIP

*Sons of Italy in America ~ Columbus Lodge #2599*

Application Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Certified: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Gender \_\_\_\_\_

Address: \_\_\_\_\_ DoB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Italian Family Name / Maternal: \_\_\_\_\_

Italian Family Name / Paternal: \_\_\_\_\_

Italian Family Origin / Region(s) \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Membership Desired (circle): Regular / Associate / Reinstated

*I certify the above information is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Applicant Signature Date

Sponsor's Name: \_\_\_\_\_

Initial Membership Fee: \$55 cash or check payable to OSIA #2599      Renewal: \$40

Mail to: OSIA, P.O. Box 20383, Columbus, Ohio 43220      Information: 614.582.7366