



**ORDER SONS OF ITALY IN AMERICA (OSIA)  
GRAND LODGE OF FLORIDA  
MEMBERSHIP APPLICATION**

I, hereby apply for membership in the \_\_\_\_\_ Lodge # \_\_\_\_\_

of the Grand Lodge of Florida, Order Sons of Italy in America, Inc. (O.S.I.A.)

Regular Membership \_\_\_\_\_ Social Membership \_\_\_\_\_ Is this a Reinstatement \_\_\_\_ Yes \_\_\_\_ No

Name \_\_\_\_\_ Email \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Married \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_ Name of Spouse \_\_\_\_\_

Anniversary Month \_\_\_\_\_ Year \_\_\_\_\_ Full Time Resident \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a Felony? \_\_\_\_ Yes \_\_\_\_ No Occupation/Hobby \_\_\_\_\_

Are you of Italian Ancestry? Married to or Adopted by an Italian \_\_\_\_ YES \_\_\_\_ NO

**FOLD HERE**

**FOLD HERE**

*If accepted as a member, I agree to be bound by the present and future laws of the Supreme Lodge, of the Grand Lodge of Florida, and of the Lodge of which I become a member. I believe in the fundamental principle of God and country, and do not profess any doctrine which aims unlawfully to overthrow the social order or the organized government by force or violence.*

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

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*I affirm that I know the applicant and believe him (her) to be a person of good moral character and qualified to become a member of the Order.*

Sponsor Name(Print) \_\_\_\_\_

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

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**NOTE:** *Lodge Fin Secy attach this form to Qtrly Report and forward to the State Financial Secretary for validation. A validated copy will be returned to the Lodge Fin Secy at the address below via email or U.S. Postal Service.*

**Printed Name & Signature of Lodge Financial Secretary:** \_\_\_\_\_

Email Address: \_\_\_\_\_ Street Address \_\_\_\_\_

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

Date Approved \_\_\_\_\_ Date Initiated \_\_\_\_\_ Date Cancelled \_\_\_\_\_

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**Date Validated** \_\_\_\_\_ **By** \_\_\_\_\_

*Signature State Financial Secretary*