Order of the Sons of Italy in America

Grand Lodge of New Jersey

510 Marlboro Avenue

Cherry Hill, NJ 08002

856-663-5800

[grandlodge@njsonsofitaly.com](mailto:grandlodge@njsonsofitaly.com)

Membership Application

Please Print Clearly

**Marlton Sons and Daughters of Italy Lodge # 2315**

**Name of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone - Home or Cell (circle one) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Italian Family Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Membership (check one) \_\_\_Regular \_\_\_\_Social \_\_\_Member @ Large**

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

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sponsor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grand Lodge one time fee $30 per member Date Installed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marlton Lodge Annual Dues $60 per member Date Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make check Payable to SOI Marlton Lodge # 2315 Initiation Fee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_