

**APPLICATION FOR MEMBERSHIP  
ORDER SONS OF ITALY IN AMERICA**

Date \_\_\_\_\_

**West Virginia Lodge # 2631**

**4109 Coal Heritage Road**

**Bluefield WV 24701**

Type of Membership     Husband and Wife     Individual     Student     Social

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

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

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

**APPLICANT**

**SPOUSE**

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

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

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

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

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

Father \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_

Mother \_\_\_\_\_

(Maiden Name)

(Maiden Name)

I, the undersigned, hereby apply for membership into the Order Sons of Italy in America through Lodge 2631. I hereby declare that to the best of my knowledge I meet all the requirements for membership.

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Applicant's Signature

Committee Approval \_\_\_\_\_

Date \_\_\_\_\_

Lodge Approval \_\_\_\_\_

Date \_\_\_\_\_

MEMBERSHIP DUES – Regular and Social Per Year:  
\_\_\_\_\_ Husband & Wife    \$30.00 Each  
\_\_\_\_\_ Individual    \$30.00  
\_\_\_\_\_ Student    \$30.00

Mail To:    Order Sons of Italy  
**Christina Willis**  
**4109 Coal Heritage Road**  
**Bluefield WV 24701**

**SWVA & VA Chapter of OSIA**