



# 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.nysosia.org](http://www.nysosia.org)

Local Lodge Name & Address

Mail application to:  
 Philip Raffiani  
 146 Main Street  
 Tuckahoe, NY 10707  
[phil@miradoprop.com](mailto:phil@miradoprop.com)

Giuseppe Garibaldi  
 Lodge # 2583  
 Eastchester, NY  
<http://www.sonsofitalylodge.org>

Type of Application:     Lodge Member     Social Member     Transfer     Reinstatement

Lodge Name & Number Giuseppe Garibaldi Lodge #2583    District: 4

Applicants Name: \_\_\_\_\_ DOB \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email \_\_\_\_\_

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 of organizations \_\_\_\_\_

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

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**LOCAL LODGE MUST FILL OUT THE FOLLOWING INFORMATION 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 \_\_\_\_\_
- Date Approved by Assembly \_\_\_\_\_
- 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 \_\_\_\_\_