

Societa Nativi di Potenza Basilicata

MEMBERSHIP APPLICATION

Date _____

NAME _____ ADDRESS _____

CITY _____, STATE _____, ZIP CODE _____ PHONE (____) _____

CELL PHONE _____, EMAIL ADDRESS _____

DATE OF BIRTH, MONTH ___ DAY ___ YEAR _____, FATHER'S NAME _____

MOTHER'S NAME _____

FAMILY LINEAGE, GRAND PARENTS & PLACE OF BIRTH, ETC. _____

I understand that any information or concealment of any of the facts will operate as forfeiture on my part of any benefits to which I might otherwise be entitled.

I further understand that in the event of any failure to pay my dues on or before the due date, all benefits here under shall cease according to the By-Laws of the Lodge.

APPLICANTS NAME _____

SPONSORS NAME _____

_____ FOR LODGE USE ONLY _____

RECOMMENDATION OF THE INVESTIGATING COMMITTEE _____

Signatures of Committee:

_____ ,

_____ ,

_____ ,

Date _____

DATE ADMITTED INTO THE LODGE _____

PRESIDENTS SIGNATURE _____ Date _____

Family Linage

APPLICANTS FATHER AND MOTHER

Fathers Name: _____
Born: __/__/____
Address: _____
City, State, Country _____
Phone: _____
If deceased when? __/__/____

Mothers Name: _____
Born: __/__/____
Address: _____
City, State, Country _____
Phone: _____
If deceased when? __/__/____

APPLICANTS GRANDPARENTS

Grandfathers Name: _____
Born: __/__/____
Died: __/__/____
Address: _____
City, State, Country _____

Grandmothers Name: _____
Born: __/__/____
Died: __/__/____
Address: _____
City, State, Country _____

APPLICANTS GREAT GRANDPARENTS

Great Grandfathers Name: _____
Born: __/__/____
Died: __/__/____
Address: _____
City, State, Country _____

Great Grandmothers Name: _____
Born: __/__/____
Died: __/__/____
Address: _____
City, State, Country _____