



STATE LODGE OF PENNSYLVANIA

MEMBERSHIP APPLICATION

- CHECK ONE BOX:  New Member  Change Info  Deceased  Inactive  
 Reinstatement  Transfer from Lodge # \_\_\_\_\_ to # \_\_\_\_\_
- MEMBER TYPE:  Adult Regular  Youth Member  Social Member  
 Associate  Meritorious  Honorary

Member Number: \_\_\_\_\_ Local Lodge Number: \_\_\_\_\_ Local Lodge Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone:  Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone:  Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Marital Status:  Married  Single  Widowed Sex:  Male  Female

Occupation: \_\_\_\_\_ Italian Family Name: \_\_\_\_\_

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

*I certify the information above 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: \_\_\_\_\_ Officer's Signature: \_\_\_\_\_

Date Accepted by Local Lodge: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date Approved by State Council: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_