



Order Sons and Daughters of Italy in America®

Lodge 2817 Membership Application – One Per Person

<https://www.trianglesonsofitaly.org>

Member Type: Adult Youth 10-17yo Social Non-Italian heritage
-Cannot Serve on Council -

First Name: MI: Last Name:

Street Address:

City: State: Zip Code: Birthdate:

Home Phone: Cell Phone:

Email:

For membership fees, contact Bernard Castellano, bcas1947@aol.com,
or visit our web site (URL above) for membership information.

Applicant/Parent Signature: _____ Date: __/__/____

It is expected of each member to contribute their time and effort in support of activities, events, and our charitable organizations. In some cases, monetary donations may be acceptable contributions. Although these contributions will not be tracked, the devotion of each member will support the continuation of our Lodge.

**For Office
Use Only**

Sponsor Signature: _____ Date: __/__/____

Approval Signature: _____ Date: __/__/____

Member Number: _____