

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 _____