



Order Sons and Daughters of Italy in America®

Lodge 2817 New Membership Application

<https://www.trianglesonsofitaly.org>

Primary Member Type: Adult ____ (Italian Heritage)

Social ____ (Non-Italian Heritage and is Primary Member)

Membership Fees

Your ongoing Annual fees will be \$50 primary family member, \$40 for an additional family member. Membership fees are prorated quarterly for new members based on when you apply for membership. **Please select one below** based on the time period that you are joining the Lodge and whether you are a primary family member or have an additional family member single. A **one-time initiation fee of \$15** will be added to each new member.

Date of Joining	Primary Household Member <i>Initiation Fee Included</i>	Primary + Additional Household Member <i>Initiation Fee Included</i>
Sep. 1 – Nov. 30	____ \$65	____ \$120
Dec. 1 – Feb. 28	____ \$53	____ \$99
Mar. 1 – May 31	____ \$41	____ \$78
Jun. 1 – Aug. 31	____ \$29	____ \$57

Primary Household Member

First Name: _____ MI: ____ Last Name: _____

Street Address: _____

City: _____ State: ____ Zip Code: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Tell us about your Italian Heritage: _____

Where in Italy is your family from? _____

How did you hear about us? _____

Occupation: _____ Single/Married/ Widowed _____

Interests/Hobbies: _____

Additional Household Member (Optional) (resides in the same house as primary member, and may or may not be of Italian heritage)

First Name: _____ MI: ____ Last Name: _____

Birth Date: _____ Cell Phone: _____

Email: _____

Tell us about your Italian Heritage: _____

Where in Italy is your family from? _____

Occupation: _____ Single/Married/ Widowed _____

Interests/Hobbies: _____

It is expected of each member to contribute their time and talents 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.

In order to satisfy my time & talent to support the Lodge, I want to volunteer for:

Primary Household Member

Committee Member _____ Organize an event _____ Council Member _____

Cook for an event _____ Set up/clean up an event _____

Host an event at my home for 20-25 people _____ Annual Movie Night _____

Bocce Tournament: _____ Scholarship Breakfast Fundraiser: _____

Additional Household Member (Optional)

Committee Member _____ Organize an event _____ Council Member _____

Cook for an event _____ Set up/clean up an event _____

Host an event at my home for 20-25 people _____ Annual Movie Night _____

Bocce Tournament: _____ Scholarship Breakfast Fundraiser: _____

Payment

Please mail the completed application and a check made out to **TSDOI 2817** to:

Bernard Castellano
405 Wapner Court
Cary, NC 27519.

If you have questions regarding this application, please contact our membership chair Bernard Castellano at bcas1947@aol.com.

For Office Use Only

Primary Membership #: _____ Primary Member Name: _____

Additional Membership #: _____ Additional Member Name: _____

Approved: _____ Date: _____