



OSIA

Grand Lodge Rhode Island

Membership Application

Grand Lodge of: _____ Date Installed: _____

Filial Lodge: _____ Date Approved: _____

Certified: _____

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Date of Birth: _____

Italian Family Name: _____ Married Single

Occupation: _____ Male Female

Type of Membership Applied for: Regular Social

I certify that the above information is true and correct to the best of my knowledge and belief.

Date: _____

Applicants Signature: _____

I certify that the applicant fully eligible for the above membership and recommend membership approval.

Date: _____

Sponsor's Signature: _____