



ITALIAN HERITAGE LODGE #2517, OSDIA, MEMBERSHIP APPLICATION

Regular membership is open to men and woman of Italian birth or descent and their spouses. **Social membership** is offered to all others interested in celebrating the Italian culture. **Minimum membership age** is eighteen, although younger family members are invited to several events. **Annual dues** are **\$35.00** for the first member of the household and **\$30.00** for each additional member, **plus a one-time \$5.00 application fee, each.** Membership begins on the first day of the month following the date of application. Please use separate form for each applicant and make check payable to: "Italian Heritage Lodge." Send the check with this application to: IHL Financial Secretary, 5104 Colebrook Place, Alexandria, VA 22312. For additional information please contact Sharon P. Strauchs, Membership Chair, by e-mail at Sharon@TLC-NV.com or by telephone at 571-201-5675 and leave a message. You will be called back within 24 hours.

Membership entitles the applicant to take part in all lodge activities and includes subscriptions to *La Bandiera* (the Lodge newsletter) and *Italian America* (the quarterly OSDIA magazine). Please visit the lodge website, www.ItalianHeritageLodge.org, and the national OSDIA website, www.osia.org, for scheduled activities, news and events.

Name _____ Occupation _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ E-Mail _____

Date of Birth _____ If married, date of anniversary _____

If married, name of spouse _____

Italian family name(s) _____

How did you learn about our Lodge? _____

Type of membership	Status	Gender
Regular _____ Social _____	Married _____ Single _____	Male _____ Female _____

Name & location of any other OSDIA Lodge of which you have been a member _____

In hopes of facilitating member interactions, the council distributes a membership list. In appreciation for privacy concerns, the council will distribute the list to members only. Moreover, no one will be listed who states a preference to be omitted. You may omit specific contact information if desired.

Your signature below indicates your agreement with IHL to publish your following contact information:

Your Name Your home address Your e-mail address Your telephone number

Our monthly newsletter will acknowledge your birthday and anniversary (month/day only).

Indicate here anything you wish to be omitted from your contact information _____.

I certify to the best of my knowledge, the information given is true and correct.

Signature _____ Date _____

Signature of Member's Approval _____ Date _____