



**SONS OF
NORWAY**

Membership Application

Section A

1455 West Lake Street
Minneapolis, MN 55408
www.sonsofnorway.com
(800) 945-8851

1. First Name _____ Middle Initial _____ Last Name _____

2. Mailing Address _____ City/State/Zip/Province/Country _____

3. Billing Address (If different from above) _____ City/State/Zip/Province/Country _____

4. Telephone No. including area code (xxx-xxx-xxxx) _____ 5. E-mail Address _____

Section B

6. Birthdate: (dd-mm-yyyy) _____

7. Male Single
 Female Married

8. Is spouse a member?
 Yes No
 Now Applying

9. Spouse's Name: _____

Birthdate: _____

Member No. _____

10. Norwegian or Nordic by:
 Descent
 Marriage
 Interest/Affiliation

11. Children Information
Name(s): _____ Age(s): _____

Male _____

Female _____

Section C

12. Lodge Name **Solglyt** Lodge # 4-143

13. Membership Approved By: _____
Month Day Year

14. Applicant Recommended by (print name and member number) _____

15. Sons of Norway Field Staff Representative: _____

16. Initiation Fee (where applicable – Local Lodge Only)
\$ Nil

17. Annual Dues (total) \$ _____

Total \$ _____

18. Payment Type: Cash Check CC

19. Visa MC Disc. AMEX
_____ Exp: _____

20. I hereby apply for membership in Sons of Norway

Signature: _____ Date: _____

For Headquarters Use Only