



Application for Affiliate Membership

First Name Middle Initial Last Name

Home (**Primary**) Address (No. and Street or RR)

City, Town, or P.O. Box/State or Prov./Country/Zip

Telephone No. Birthdate— Month Day Year
()

Home (**Alternate**) Address

City, Town, or P.O. Box/State or Prov./Country/Zip

Telephone No. Membership No.
() Paid to date:

Primary Lodge Name District # Lodge #

I hereby apply for affiliate membership in Sons of Norway

Local Lodge _____ District # _____ Lodge # _____

Signature: _____ Date: _____

Must present valid membership card when applying.

Form AAM3028 1/95

MH 40



SONS OF NORWAY FRATERNAL BENEFIT SOCIETY CERTIFIES THAT

_____ HAS BEEN GRANTED AFFILIATE MEMBERSHIP BY

LODGE _____ NO. _____

ISSUED ____/____/____ EXPIRES ON ____/____/____

SIGNED _____

Financial Secretary