



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

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4. Telephone No. 5. E-mail Address

Section B

6. Birthdate:
Month Day Year

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 Lodge #

13. Membership Approved By:
Month Day Year

14. Applicant Recommended by (print name and member number)
No.

15. Sons of Norway Field Staff Representative:
No.

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

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