



# SONS of NORWAY

## Join Today!

### For New Members in Canada or Norway

—*Velkommen!*



## Why Join Sons of Norway?

### Because there's a little bit of Norway in all of us!

#### Member Benefits Include:

##### Viking magazine

Our #1 rated benefit! This popular monthly magazine covers a variety of fascinating topics from historical to modern.

##### Cultural programs

Get connected to Norwegian heritage and traditions. Our recipes, online Norwegian language lessons, cultural skills and sports medal programs will put Norway in your life every day.

*BONUS: As a member, you may enroll your children or grandchildren ages 15 and under for FREE Heritage membership.*

##### Travel and other discounts

Explore your roots through thrilling travel adventures. Members enjoy savings on guided tours, self-guided trips, hotel stays, auto rentals and driving maps. Find added savings galore with additional member discounts you can access online.

##### Financial services

Member benefit programs, lodge backing and community events are funded in part by the sale of insurance products available in registered locations within the United States.

*PLUS: Lodge leadership and community service opportunities so you can make a difference!*

##### Sons of Norway Foundation

The Foundation understands that passing our Nordic heritage to the next generation is critical to keeping our shared values alive. As generous donors to the Sons of Norway Foundation, our members and friends positively impact:

- The future workforce, by funding students' education and training.
- Communities and lodges, by supporting Norwegian events and programs.
- Families, by providing opportunities for children to attend Norwegian cultural camps.



If known, please provide your:

District # \_\_\_\_\_ Lodge # \_\_\_\_\_ Lodge Name \_\_\_\_\_

### Membership Categories

- OPTION 1 Individual Membership** \$58 per year Canada \$475K per year Norway
- OPTION 2 Family Membership** \$88 per year Canada \$800K per year Norway  
Add family members below

**Complete for Options 1 and 2. Please print clearly and return with payment to Sons of Norway headquarters.**

Name \_\_\_\_\_  Male  Female  
First Middle Last

Date of birth    /   /    Norwegian affiliation  Birth  Descent  Marriage  Interest  
MM DD YY

Mailing address \_\_\_\_\_  
Street Apt/Unit/Suite # City Province Postal Code

Billing address \_\_\_\_\_  
(if different from mailing address) Street Apt/Unit/Suite # City Province Postal Code

Phone \_\_\_\_\_ Email \_\_\_\_\_

By providing my email address, I give Sons of Norway permission to send me newsletters, alerts, membership correspondence and special offers from Sons of Norway partners.

Additional contact (optional): Name \_\_\_\_\_ Phone \_\_\_\_\_

### Complete for Option 2.

Please provide details for each family member enrolling, including unique email addresses for those age 16 and older. (Privacy regulations do not allow us to use shared email addresses for multiple family members.) Family members must reside at the same address. Free Heritage members must be age 15 or younger and related to a current member. Attach an additional sheet if needed.

Name \_\_\_\_\_ Date of birth    /   /     
First Middle Last MM DD YY

Spouse  Other  Child/Heritage (ages 0-15)  Male  Female Norwegian affiliation  Birth  Descent  Marriage  Interest

Email \_\_\_\_\_ Phone \_\_\_\_\_

By providing my email address, I give Sons of Norway permission to send me newsletters, alerts, membership correspondence and special offers from Sons of Norway partners.

Name \_\_\_\_\_ Date of birth    /   /     
First Middle Last MM DD YY

Spouse  Other  Child/Heritage (ages 0-15)  Male  Female Norwegian affiliation  Birth  Descent  Marriage  Interest

Email \_\_\_\_\_ Phone \_\_\_\_\_

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### Dues Payment

**Check enclosed** Amount \$ \_\_\_\_\_ (annual dues paid in full)

### Lodge Information

Membership approved by \_\_\_\_\_  
(if approval is required by lodge) Officer Name Member # Date

Membership referred by \_\_\_\_\_  
Member Name Member # Date

Insurance Professional information \_\_\_\_\_  
(if applicable) Insurance Professional Name Insurance Professional #

# Thank you for joining Sons of Norway.

Please return this form with payment to:

**Sons of Norway**  
1455 West Lake Street  
Minneapolis, MN 55408-2666

[www.sonsofnorway.com](http://www.sonsofnorway.com) • Toll free 800.945.8851

You may add family members to an existing membership at [www.sonsofnorway.com](http://www.sonsofnorway.com)

Protecting Your Privacy – Sons of Norway respects your privacy. We never share your personally identifiable medical or financial information for any purpose other than underwriting insurance applications. Sons of Norway has administrative, technical and physical safeguards in place to protect your information. For our full privacy policy, please visit [www.sonsofnorway.com](http://www.sonsofnorway.com).

Note: As of January 1, 2021, this is the only valid enrollment form for joining Sons of Norway in the United States. Please recycle all previous versions of the membership enrollment form.  
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