



SONS OF NORWAY

2725 Oakes Ave
Everett, WA 98201
425-252-0291

Membership Application

Section A

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.			5. E-mail Address	

Section B

6. Birthdate: Month Day Year
7. <input type="radio"/> Male <input type="radio"/> Single <input type="radio"/> Female <input type="radio"/> Married
8. Is spouse a member? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Now Applying
9. Spouse's Name: _____ Birthdate: _____ Member No. _____
10. Norwegian or Nordic by: <input type="radio"/> Descent <input type="radio"/> Marriage <input type="radio"/> Interest/Affiliation
11. Children Information Name(s): Age(s): Male _____ Female _____

Section C

12. Lodge Name: Normanna Lodge	Lodge # 3
13. Membership Approved By:	Month Day Year
14. Applicant Referred by	No.
15. Heritage (to 15 yrs) Please complete to qualify __ Related to current member or __ Living in same household as current member	
16. Unge Venner (16-23 yrs) \$35.00/Heritage (to 15yrs no fee)	\$
17. Annual Dues \$55.00 (total) \$	
Total \$ _____	
18. Payment Type: <input type="radio"/> Cash <input type="radio"/> Check <input type="radio"/> CC	
19. <input type="radio"/> Visa <input type="radio"/> MC <input type="radio"/> <input type="radio"/> <input type="radio"/>	# _____ Exp: _____
20. I hereby apply for membership in Sons of Norway	
Signature: _____	Date: _____
For Office Use Only	