

Print and fill out then mail completed application to: **Roald Amundsen Lodge 6-048, Sons of Norway, c/o Florence Smith, 606 JoAnne Lane, Roseville, CA 95678**



**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. \_\_\_\_\_ 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**

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