



SONS of NORWAY

Join Today

Thank you for your interest in joining Sons of Norway. Please fill out this form, printing clearly, and return along with payment to:

Sons of Norway
1455 West Lake Street
Minneapolis, MN 55408-2666
www.sonsofnorway.com
Toll free 800.945.8851



If known, please provide your:

District #	Lodge #	Lodge Name	Membership # (for office use only)
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Membership Categories

- OPTION 1 Individual Membership** \$60 per year
- OPTION 2 Family Membership** \$95 per year
Add family members, next page

Note: You can add family members to an existing membership at www.sonsofnorway.com

Complete for Options 1 and 2.

Name _____
First Middle Last

Date of birth ____/____/____ Male Female **Norwegian by** Birth Descent Marriage/Spouse Interest/Affiliation
MM DD YY

Mailing address _____
Street Apt./Unit/Suite # City State Zip

Billing address _____
if different from mailing address Street Apt./Unit/Suite # City State Zip

Phone _____ **Email** _____

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

Dues Payment Options (select one)

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

Automatic monthly withdrawal

Dues payments may be made by automatic monthly withdrawal (AWP) from checking accounts established in U.S. financial institutions. Your membership dues will be divided into 12 monthly payments withdrawn on the 5th of each month. Your financial institution may charge an additional fee for this service. To sign up for automatic payments, please attach a voided check to this application.

AWP Authorization

I authorize Sons of Norway to:

- Make electronic deposits, withdrawals and corrections to my bank account that comply with U.S. law.
- Act on this authorization until I revoke it by contacting Sons of Norway at 800-945-8851.
- Make administrative changes to this authorization such as date and amount charges.
- Act upon electronic deposit, withdrawal and administrative instructions I provide.

Signature of bank account holder

Date

Credit card payment VISA MasterCard Discover American Express

Amount \$ _____ (annual dues paid in full)

Credit card number _____ Expiration date ____/____ Security code _____
MM YY 3 or 4 digit number on card

Name on card (please print) _____

I authorize Sons of Norway to charge annual dues to my credit card unless I cancel by calling 800-945-8851.

Credit card signature _____

www.sonsofnorway.com



www.sofn.com/blog



www.facebook.com/sonsofnorway



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Lodge Information

Membership approved by
if approval is required by lodge

Officer name

Member #

Date

Membership referred by

Name

Member #

Date

FBC information

if applicable

Counselor's Name

FBC #

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.

NOTE: After 12/31/2017, only this form is valid for joining Sons of Norway for membership in the U.S. Please recycle all previous versions of the membership application.

