



SONS OF NORWAY

First Name

Last Name

Membership Number

Primary Lodge Name

Dist-Lodge #

Primary Address

City

State

Zip

Phone

Birth Date (dd/mm/yyyy)

Alternate Address

City

State

Zip

Alternate Phone

I apply for affiliate membership in Sons of Norway Lodge:

Affiliate Lodge Name

Dist-Lodge #

Signature

Date

Billing info: An affiliate member pays a local lodge dues portion every year. For future billing by Sons of Norway Headquarters, mail top section in to Headquarters. For future billing by the lodge financial or membership secretary, keep top section for lodge records.

Form #AMM3028 4/13



SONS OF NORWAY

Note: Affiliate members do not appear on member lists provided by Sons of Norway Headquarters.

Member Name

Affiliate Lodge Name

Dist-Lodge #

Issued (mm/dd/yyyy)

Expires (mm/dd/yyyy)

Signed by Financial/Membership Secretary