

REQUEST FOR MEMBERSHIP CERTIFICATES

PLEASE TYPE OR PRINT

REQUESTED BY LODGE: _____ **No.** ____ - _____

FULL NAMES OF CERTIFICATE RECIPIENTS			CHECK APPROPRIATE YEAR BOX				
1. _____			<input type="checkbox"/> 25	<input type="checkbox"/> 30	<input type="checkbox"/> 40	<input type="checkbox"/> 50	<input type="checkbox"/> 75
(First Name)	(Middle Initial)	(Last Name)					
DATE BECAME A MEMBER: _____			MEMBERSHIP NO.: _____				
2. _____			<input type="checkbox"/> 25	<input type="checkbox"/> 30	<input type="checkbox"/> 40	<input type="checkbox"/> 50	<input type="checkbox"/> 75
(First Name)	(Middle Initial)	(Last Name)					
DATE BECAME A MEMBER: _____			MEMBERSHIP NO.: _____				
3. _____			<input type="checkbox"/> 25	<input type="checkbox"/> 30	<input type="checkbox"/> 40	<input type="checkbox"/> 50	<input type="checkbox"/> 75
(First Name)	(Middle Initial)	(Last Name)					
DATE BECAME A MEMBER: _____			MEMBERSHIP NO.: _____				
4. _____			<input type="checkbox"/> 25	<input type="checkbox"/> 30	<input type="checkbox"/> 40	<input type="checkbox"/> 50	<input type="checkbox"/> 75
(First Name)	(Middle Initial)	(Last Name)					
DATE BECAME A MEMBER: _____			MEMBERSHIP NO.: _____				
5. _____			<input type="checkbox"/> 25	<input type="checkbox"/> 30	<input type="checkbox"/> 40	<input type="checkbox"/> 50	<input type="checkbox"/> 75
(First Name)	(Middle Initial)	(Last Name)					
DATE BECAME A MEMBER: _____			MEMBERSHIP NO.: _____				
6. _____			<input type="checkbox"/> 25	<input type="checkbox"/> 30	<input type="checkbox"/> 40	<input type="checkbox"/> 50	<input type="checkbox"/> 75
(First Name)	(Middle Initial)	(Last Name)					
DATE BECAME A MEMBER: _____			MEMBERSHIP NO.: _____				
7. _____			<input type="checkbox"/> 25	<input type="checkbox"/> 30	<input type="checkbox"/> 40	<input type="checkbox"/> 50	<input type="checkbox"/> 75
(First Name)	(Middle Initial)	(Last Name)					
DATE BECAME A MEMBER: _____			MEMBERSHIP NO.: _____				
8. _____			<input type="checkbox"/> 25	<input type="checkbox"/> 30	<input type="checkbox"/> 40	<input type="checkbox"/> 50	<input type="checkbox"/> 75
(First Name)	(Middle Initial)	(Last Name)					
DATE BECAME A MEMBER: _____			MEMBERSHIP NO.: _____				

Our lodge would like to present these certificates(s) on (date): _____

Signed on behalf of the above lodge by: _____

Financial Secretary

Please return this form promptly to:



**SONS OF
NORWAY**

1455 West Lake Street
Minneapolis, MN 55408
www.sonsofnorway.com
800-945-8851/612-827-3611
fraternal@sofn.com

Allow at least 4 weeks for preparation and shipping.