



**SONS of
NORWAY**

Celebrating **125** Years
1895-2020

Join Today!

For New Members in
the U.S. – *Velkommen!*



Why Join Sons of Norway?

Because there's a little bit of Norway in all of us!

Member Benefits Include:

Viking magazine

Our #1 rated benefit! This popular monthly print magazine covers a variety of fascinating topics from historical to modern.

Cultural programs

Get connected to Norwegian heritage and traditions. Recipes, online Norwegian language lessons, cultural skills and sports medal programs will put Norway in your life every day.

BONUS: As a member, you may sign up your children or grandchildren (ages 0-15) for FREE Heritage membership.

Travel and other discounts

Explore your roots through thrilling travel adventures. Members enjoy savings on guided tours, self-guided trips, hotel stays, auto rentals and driving maps. Find added savings galore with additional member discounts you can access online.

Financial services

Members may access life insurance plans and other financial products that provide security at all stages of life. The sales of these products help support member benefit programs, lodges and our communities.

PLUS: Lodge leadership and community service project opportunities so you can make a difference!

Sons of Norway Foundation

The Foundation understands that passing our Nordic heritage to the next generation is critical to keeping our shared values alive. As generous donors to the Sons of Norway Foundation, our members and friends positively impact:

- The future workforce, by funding students' education and training.
- Communities and lodges, by supporting Norwegian events and programs.
- Families, by providing opportunities for children to attend Norwegian cultural camps.



Celebrating 125 Years 1895-2020

District # _____ Lodge # _____ Lodge Name _____

Membership Categories

- OPTION 1 Individual Membership \$60 per year
OPTION 2 Family Membership \$95 per year
Add family members below

Complete for Options 1 and 2. Please print clearly and return with payment to Sons of Norway headquarters.

Name _____ Male Female
First Middle Last

Date of birth MM/DD/YY Norwegian affiliation Birth Descent Marriage Interest

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, membership correspondence and special offers from Sons of Norway partners.

Additional contact (optional): Name _____ Phone _____

Complete for Option 2.

Please provide details for each family member enrolling, including unique email addresses for those age 16 and older. (Privacy regulations do not allow us to use shared email addresses for multiple family members.) Family members must reside at the same address. Free Heritage members must be ages 0-15 years of age and related to a current member. Attach an additional sheet if needed.

Name _____ Date of birth MM/DD/YY
First Middle Last

Spouse Other Child/Heritage (ages 0-15) Male Female Norwegian affiliation Birth Descent Marriage Interest

Email _____ Phone _____

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

Name _____ Date of birth MM/DD/YY
First Middle Last

Spouse Other Child/Heritage (ages 0-15) Male Female Norwegian affiliation Birth Descent Marriage Interest

Email _____ Phone _____

By providing my email address, I give Sons of Norway permission to email newsletters, alerts, membership correspondence 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 with established U.S. financial institutions institutions. Your membership dues will be divided into 12 monthly payments withdrawn 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 in compliance with U.S. law.
Act on this authorization, renewing annually, until I revoke it by contacting Sons of Norway at 800-945-8851.
Make administrative changes to this authorization, as necessary, such as date and amount charges.
Act upon electronic deposit, withdrawal and administrative instructions I provide.

Monthly withdrawal date options: 1st of month 8th of month 15th of month 22nd of month

X _____

Signature of bank account holder

Date

Credit card payment VISA MasterCard Discover Amex Amount \$ _____ (annual dues paid in full)

Credit card number _____ Expiration date _____ / _____
MM YY

Name on card (please print) _____

I authorize Automatic Annual Renewal to this credit card. By selecting Automatic Annual Renewal for my membership, I am authorizing Sons of Norway to automatically charge the annual membership fee once a year to the credit card I have provided. I agree that no prior notification will be provided unless the date or amount changes, in which case I will receive notice at least 10 days prior to the payment being collected. My authorization remains in effect until I cancel it in writing at the Headquarters address, and I agree to notify Sons of Norway in writing of any changes in my account information, or termination of this authorization, at least 15 days prior to the next billing date. If the payment dates fall on a weekend or holiday, payments may be executed on the next business day. I certify I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, provided the transactions correspond to the terms indicated in this authorization.

Cardholder signature X _____

Lodge Information

Membership approved by _____
(if approval is required by lodge) Officer Name Member # Date

Membership referred by _____
 Member Name Member # Date

FBC information _____
(if applicable) Financial Benefits Counselor Name FBC #

Thank you for joining Sons of Norway.

Please return this form with payment to:

Sons of Norway
1455 West Lake Street
Minneapolis, MN 55408-2666

www.sonsofnorway.com • Toll free 800.945.8851

You may add family members to an existing membership at www.sonsofnorway.com

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: As of January 1, 2020, this is the only valid enrollment form for joining Sons of Norway in the United States. Please recycle all previous versions of the membership enrollment form.
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