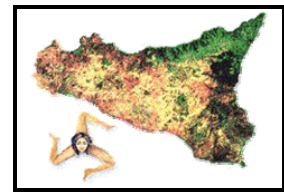




SONS OF SICILY

Membership Application



MEMBER INFORMATION

Date of application: _____

Name: _____ Wife's Name: _____
(please print)

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Place of Birth: _____ Date of Birth: _____

Occupation: _____

Company Name: _____

Position : _____ Business Telephone: _____

SICILIAN HERITAGE INFORMATION

Father's Name: _____ Place of Birth: _____

Mother's Maiden Name: _____ Place of Birth: _____

Paternal Grandfather's Name: _____ Place of Birth: _____

Paternal Grandmother's Maiden Name: _____ Place of Birth: _____

Maternal Grandfather's Name: _____ Place of Birth: _____

Maternal Grandmother's Maiden Name: _____ Place of Birth: _____

SPONSOR'S STATEMENT

I know the applicant personally and can verify that he is of Sicilian descent

Sponsor's Name: _____ Badge Number: _____
(please print)

Sponsor's Signature: _____

Applicant's Signature: _____ Date: _____

By signing above I hereby verify that I am of Sicilian Descent
 All applicants to the Sons of Sicily are strictly confidential and will be used for membership purposes only.

Approved By:

1. _____ Badge Number: _____
2. _____ Badge Number: _____
3. _____ Badge Number: _____

DATE ACCEPTED: _____

BADGE NUMBER: _____