

COMPLETE ONE APPLICATION PER PERSON

PLEASE PRINT CLEARLY

Membership Category: Primary Spouse Heritage (Ages 0-15) Unge Venner (Ages 16-23)
(Check only one category)

1. _____
First Middle Last
2. **Birth Date:** _____ 3. Male Female
4. **Norwegian By:** Birth Descent Marriage Interest / Affiliation
5. **Mailing Address:** _____
Street City State Zip
6. **Billing Address:** _____
(If different from above) Street City State Zip
7. **Phone:** _____ 8. **E-mail:** _____

SPOUSE INFORMATION (If your spouse is currently a member please complete this section)

1. _____
Spouse's First Name Middle Last
2. **Spouse's Birth Date:** _____ 3. **Spouse's Member #** _____

HERITAGE/UNGE VENNER MEMBERSHIP INFORMATION (Complete if applicant is ages 0-15 or ages 16-23)

- Ages 0-15** (This section must be completed to qualify for a free Heritage Membership)
Check qualifying relationship:
 A. Related to a current member **B. Living in the same household as a current member**
- Ages 16-23** (This section must be completed to qualify for a Unge Venner Membership)
Check only one:
 C. Parent, grandparent or great grandparent is a current member (Dues Waived)
 D. Living in the same household as a current member (Dues Waived)
 E. No qualifying relationship (Dues Reduced)

If A, B, C or D in Heritage/Unge Venner Membership Section is checked, please complete the following :

1. _____
Current Member's First Name Middle Last
2. **Member #** (Of Current Member): _____ 3. **Relationship:** _____
4. **Address** (Of Current Member): _____
Street City State Zip

PAYMENT & LODGE INFORMATION

QUESTIONS? CALL 1-800-945-8851

1. _____ - _____
District # Lodge # Lodge Name (If known)
2. **Membership Approved by:** _____
(If Required) Officer Name Member # Date
3. **Membership Referred by:** _____
(Print Name and Member #) Member Name Member # Date
4. **F.B.C. Information:** _____
(If Applicable) Financial Benefits Counselor's Name F.B.C. #
5. **I apply for membership in Sons of Norway :** _____
Signature Date

6. **Application Fee:** \$ _____ + **Annual Dues:** \$ _____ = **TOTAL \$** _____
(Where Applicable) For info. about dues or lodges call 1-800-945-8851

7. **Payment Type:** Cash Check Credit Card (Visa MC Discover AMEX)

8. **Credit Card #:** _____ **Exp. Date:** _____

9. **Name on card:** _____ **Credit Card Signature:** _____