



SONS of NORWAY

Join Today

Thank you for your interest in joining Sons of Norway. Please fill out this form, printing clearly, and return along with payment to:

Sons of Norway

Kringen Lodge #25
722 2 Ave N
Fargo, ND 58102



If known, please provide your:

4	25	Kringen	_____
District #	Lodge #	Lodge Name	Membership # (for office use only)

Membership Categories

- | | | |
|-----------------------------------|---|---------------|
| <input type="checkbox"/> OPTION 1 | Individual Membership | \$60 per year |
| <input type="checkbox"/> OPTION 2 | Family Membership
Add family members, next page | \$95 per year |

Note: You can add family members to an existing membership at www.sonsofnorway.com

Complete for Options 1 and 2.

Name _____
First Middle Last

Date of birth ____/____/____ Male Female **Norwegian by** Birth Descent Marriage/Spouse Interest/Affiliation
MM DD YY

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

Additional family members (living in same household as individual member; please also provide individual email addresses).

Complete for Option 2.

Family members must reside at the same address and belong to the same lodge.

Please complete the following for each family member, adding an additional sheet, if needed.

Name _____
First Middle Last

Date of birth ____/____/____ Male Female **Norwegian by** Birth Descent Marriage/Spouse Interest/Affiliation
MM DD YY

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

Name _____
First Middle Last

Date of birth ____/____/____ Male Female **Norwegian by** Birth Descent Marriage/Spouse Interest/Affiliation
MM DD YY

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

Name _____
First Middle Last

Date of birth ____/____/____ Male Female **Norwegian by** Birth Descent Marriage/Spouse Interest/Affiliation
MM DD YY

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

Heritage Membership (no charge)

Heritage members are **0-15 years** of age and must be related to a current member. Please fill out all fields.
Please add an additional sheet, if needed.

Name _____
First Middle Last

Date of birth ____/____/____ Male Female **Norwegian by** Birth Descent Interest/Affiliation
MM DD YY

Mailing address _____
Street Apt./Unit/Suite # City State Zip

Enrolled by _____
First Middle Last

Relationship _____

Lodge # _____ **Member #** _____

Lodge Information

Membership approved by _____
if approval is required by lodge Officer name Member # Date

Membership referred by On-line Web Application _____
Name Member # Date

FBC information _____
if applicable Counselor's Name FBC #

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: After **12/31/2017**, only this form is valid for joining Sons of Norway for membership in the U.S. Please recycle all previous versions of the membership application.

