

Application for Membership
Sons of Norway

First Name _____ **MI** ____ **Last Name** _____

Mailing Address _____

City _____ **State** ____ **Zip** _____

Phone Number (____) ____ - _____ **Birth date** __/__/__

E-Mail Address _____

Circle the following options:

Mail/Female Married/Single

Norwegian or Nordic by: Birth/Descent/Marriage/Non-Nordic

Is Spouse a Member? Yes/No/Now Applying

Name of Spouse _____

I would like more information about:

- Heritage Programs**
- Sons of Norway financial benefits**
- Foundation**
- Other** _____

I hereby apply for membership in Sons of Norway.

Signature _____ **Date** __/__/__