



ADMISSION FORM ORDER SONS OF ITALY OF CANADA

I, _____

Address _____

City _____ Province _____ Postal Code _____

Phone Nos. – Res. _____ Business _____

Son – Daughter of _____

Born at _____

Date of Birth _____ Age _____

Single or married to _____

Age of Spouse _____ Number of Children _____

My occupation is _____

Being desirous to contribute to the moral concept that gathers and unites in a bond of brotherhood all persons of Italian origin, descent and/or their spouses in CANADA, I request to be submitted as a member to the decisions of its proper authorities as they are now and as they may be amended in the future.

Dated _____ 20 __, at _____

Signature of Sponsor _____ Signature of Applicant _____

Fee paid _____ Cash Cheque Date Initiated _____