

**Italian Fraternal Society**

38 Viall Avenue

Mechanicville, New York 12118

518-664-6262

*“Fratellanza di Motuo Soccorso”*

**Full Member** **($40)** = From Italian descent or married to someone of Italian descent.

**Associate Member** **($30)** = Not Italian or married to an Italian.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE\_\_\_\_Son of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I’m applying for: **Full Membership** OR **Associate Membership**

Martial Status: **Single** OR **Married**  Spouse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I wish to enroll as a member of this Society. I will take an oath on my honor and my conscience. I will make a solemn pledge to respect and defend the constitution of the United States. I understand a copy of the laws & bylaws will be given to me once I am voted in by the members of the Society. Once read and received I agree to comply. I have a clear understanding of all the laws & rules of this society, and I find it in full satisfaction. I understand I will be obligated to live up to and obey all the laws of the Italian Fraternal Society, like they are today and like they will be if they are ever modified. All these declarations are right, just, and true. I understand all the disciplinary measures and intent of the laws, even if it means the nullification of all benefits due to me in this Society, in my favor or for my legitimate spouse. **Yearly dues must be paid upfront with application.**

Witness/Sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness/Sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Applying\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Outcome\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_