

**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:** \_\_\_\_\_  
 Please Print