



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
111 NE 11th Ave
Portland, OR 97232



Membership Categories

OPTION 1 **Individual Membership** \$60 per year

OPTION 2 **Family Membership** \$95 per year
Add family members, next page

Complete for Options 1 and 2.

Name _____
First Middle Last

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

Mailing address _____
Street City State Zip

Billing address _____
if different from mailing address Street 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 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 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 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 City State Zip

Enrolled by _____
First Middle Last

Relationship _____

Lodge # _____ Member # _____

Dues Payment Options (select one)

Check enclosed Amount \$ _____ (annual dues paid in full)

Make checks payable to Sons of Norway

**Include \$20 Application Fee
Waived for Individuals 23 & under**

Automatic monthly withdrawal

Dues payments may be made by automatic monthly withdrawal (AWP) from checking accounts established in U.S. financial institutions. Your membership dues will be divided into 12 monthly payments withdrawn on the 5th of each month. Your financial institution may charge an additional fee for this service. To sign up for automatic payments, please attach a voided check to this application.

AWP Authorization

I authorize Sons of Norway to:

- Make electronic deposits, withdrawals and corrections to my bank account that comply with U.S. law.
- Act on this authorization until I revoke it by contacting Sons of Norway.
- Make administrative changes to this authorization such as date and amount charges.
- Act upon electronic deposit, withdrawal and administrative instructions I provide.

Signature of bank account holder _____

Date _____

Credit card payment VISA MasterCard Discover American Express

Amount \$ _____ (annual dues paid in full)

**Include \$20.00 Application Fee
Waived for Individuals 23 & under**

Credit card number _____ Expiration date / Security code _____
MM YY 3 or 4 digit number on card

Name on card (please print) _____

I authorize Sons of Norway to charge annual dues to my credit card until otherwise notified.

Credit card signature _____

www.sonsofnorway.com



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Lodge Information

District # _____ Lodge # _____ Lodge Name, if known _____

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

Membership referred by _____
 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.

