



## 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 \_\_\_\_\_