



# Societa Vittoria Italiana

Incorporated 10th December 1913  
Ankeny, Iowa

FIRST READING \_\_\_\_\_

SECOND READING \_\_\_\_\_

INDUCTION \_\_\_\_\_

## APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the SOCIETA' VITTORIA ITALIANA of Polk County, Iowa. Answer all questions in Full.

NAME: \_\_\_\_\_  
Last Name First Name Middle Name

ADDRESS: \_\_\_\_\_  
Address City State Abbr Zip Code

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
City State / Country

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

WIFE'S NAME: \_\_\_\_\_ LIVING YES/NO: \_\_\_\_\_  
First Name

FATHER'S NAME: \_\_\_\_\_ LIVING YES/NO: \_\_\_\_\_  
First Name

MOTHER'S NAME: \_\_\_\_\_ LIVING YES/NO: \_\_\_\_\_  
First Name Maiden Name

TO BE FILLED OUT WHEN APPLICANT IS NON-ITALIAN

NAME OF WIFE'S FATHER \_\_\_\_\_ IS WIFE A MEMBER OF THE AUXILIARY: YES/NO \_\_\_\_\_

IS OR WAS HE AT TIME OF DEATH A MEMBER OF THE LODGE: YES/NO \_\_\_\_\_

CHILDREN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do further declare that I have read this application in its entirety and am fully acquainted with its contents and that each and every statement and answer by me made herein is true and that the Charter, Constitution and By-Laws of the Societa' Vittoria Italiana, which are now in force or which may at any time hereafter be duly made or enacted, shall be binding upon me.

I further declare that I am a person of good moral character.

In case of my death, I hereby designate as the beneficiary of any sums due as a death benefit from the Societa' Vittoria Italiana, the following named:

### FIRST BENEFICIARY

### SECOND BENEFICIARY

NAME \_\_\_\_\_ NAME \_\_\_\_\_

RELATION: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ CITY \_\_\_\_\_

STATE / ZIP \_\_\_\_\_ STATE / ZIP \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

PROPOSER'S SIGNATURE \_\_\_\_\_

PRESIDENT'S SIGNATURE \_\_\_\_\_

FINANCIAL SECRETARY'S SIGNATURE \_\_\_\_\_