

Local Lodge Secretary: Keep this section



Vasa Order of America
A Swedish-American Fraternal Organization

Application for Membership
(Please Print or Type)

New Member
 Previous Member
 Transfer
 Dual

I submit my application for membership in the Vasa Order of America to the members of:

Local Lodge _____ No. _____ DL No. _____ Date: _____

Name: _____ Male Female
Last First Middle

Address: _____
Street City State Zip

Phone: _____ E-mail: _____

Birth Date: _____ Birth Place: _____ Occupation: _____

Spouse: _____ Children: _____

Hobbies and Talents: _____

Ancestry: Sweden Norway Denmark Finland Iceland _____

I am also a member of _____ Lodge No. _____ Date Joined: _____

Sponsor: _____ Applicant's Signature: _____

Membership Committee: _____

Secretary's Use only:

Member No. _____ Initiation Date: _____ Initiation Fee Paid: \$ _____ Dues Paid: \$ _____

Termination Date: _____ Reason: _____

Local Lodge Secretary: Send this section to District Secretary

Member No. _____ Initiation Date: _____
(required)

Name: _____ Male Female
Last First Middle

Address: _____ Phone: _____
Street City State Zip

Birth Date: _____ Birth Place: _____ Sponsor: _____

Signature: _____ Local Lodge _____ No. _____
Local Lodge Secretary (required)

E-mail: _____ District Lodge No. _____

New Member Previous Member Dual Transfer, from LL _____ No. _____

Local Lodge Secretary: Send this section to Vasa Star Circulation Manager

Initiation Date: _____
(required)

Name: _____ Male Female
Last First Middle

Address: _____
Street City State Zip

Birth Date: _____ Sponsor: _____

Signature: _____ Local Lodge _____ No. _____
Local Lodge Secretary (required)

E-mail: _____ District Lodge No. _____

New Member Previous Member Dual Transfer

Circulation Manager: Send slip to Grand Lodge Membership Chairman