

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 Prov. PC

Phone: _____ E-mail: _____

Birth Date*: _____ Birth Place*: _____ Occupation: _____

Spouse: _____ Children: _____

Interests and Skills: _____

Ancestry: Sweden Norway Denmark Finland Iceland _____

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

Applicant's Signature: _____ Recommending Member: _____

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 Prov. PC

Birth Date*: _____ Birth Place*: _____ Recommending Member: _____

E-mail: _____ District Lodge No. _____
Applicant's email address

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

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

Local Lodge Secretary: Send this section to Vasa Star Circulation Manager **Member No.** _____ **Init. Date:** _____
(required)

Name: _____ Male Female
Last First Middle

Address: _____ Phone: _____
Street City Prov. PC

Birth Date*: _____ Birth Place*: _____ Recommending Member: _____

E-mail: _____ District Lodge No. _____
Applicant's email address

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

New Member Previous Member Dual Transfer