

Societa Nativi di Potenza Basilicata

(SOCIAL)

MEMBERSHIP APPLICATION

Date _____

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE(____) _____

CELL PHONE(____) _____ EMAIL ADDRESS _____

DATE OF BIRTH, MONTH _____ DAY _____ YEAR _____

I UNDERSTAND THAT I AM APPLYING FOR A SOCIAL MEMBERSHIP, AND I AM NOT FROM POTENZA OR THE REGION OF THE BASILICATA. I UNDERSTAND THAT I WILL NOT PAY BENEFIT ASSESSMENT FEES AND WILL NOT BE ENTITLED TO SICK OR DEATH BENEFITS. AS A SOCIAL MEMBER I MAY NOT HOLD ANY COUNCIL POSITION, AND I WILL NOT BE REQUIRED TO PAY YEARLY DUES OR HAVE VOTING PRIVILEGES. I UNDERSTAND ALL SOCIAL MEMBERS ARE SUBJECT TO APPROVAL OF THE BY-LAWS ARTICLE III SECTION 2-7. AFTER THE MEMBERS APPLICATION IS ACCEPTED AND HAS BEEN SWORN IN, THE FOLLOWING PROVISION WILL BE STIPULATED:

A THREE MONTH PROBATION PERIOD WILL BE REQUIRED AND ATTENDANCE AT ALL MONTHLY MEETINGS DURING THIS PROBATION PERIOD.

APPLICANTS NAME _____

SPONSORS NAME _____

_____ FOR LODGE USE ONLY _____

RECOMMENDATION OF THE INVESTIGATING COMMITTEE _____

SIGNATURES OF COMMITTEE: _____ DATE _____

_____ .

_____ .

_____ .

DATE ADMITTED INTO LODGE: _____

PRESIDENT'S SIGNATURE _____ DATE _____