

ITALIAN HERITAGE LODGE
OF FAIRFAX #2517
MEMBERSHIP APPLICATION



ORDER
Sons and
Daughters
of Italy
IN AMERICA

Regular membership is open to men and women of Italian birth or descent and their spouses. **Social membership** is offered to all others interested in celebrating the Italian culture. **Minimum membership age** is eighteen, although younger family members are invited to several events. **Annual dues** are **\$35.00** for the first member of the household and **\$30.00** for each additional member, **plus a one-time \$5.00 application fee for each**. Membership begins on the first day of the month following the date of application. Please use separate forms for each applicant and make check payable to: "Italian Heritage Lodge, #2517." Send the check with this application to: IHL Financial Secretary, 4483 Oakdale Crescent Court, Apt. #616, Fairfax, VA 22030. For additional information please contact President: Michael Gering, micgering@gmail.com, (703) 678-9361, or Financial Secretary: Steven Kramer, steven.kramer52@gmail.com, (703) 489-9279.

Membership entitles the applicant to take part in all lodge activities and includes subscriptions to *La Bandiera* (the Lodge newsletter), *il Giornale* (the quarterly Grand Lodge newsletter), and *Italian America* (the quarterly OSDIA magazine). Please visit the Italian Heritage Lodge website, www.italianheritagelodge.org, the Grand Lodge of VA website, www.vaosdia.org, and the national OSDIA website, www.osdia.org, for scheduled activities, news and events.

Name _____ Occupation _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ E-Mail _____

Date of Birth _____

If married, name of spouse _____

Italian family name(s) _____

How did you learn about our Lodge? _____

Type of membership	Status	Gender
Regular _____ Social _____	Married _____ Single _____	Male _____ Female _____

Name & location of any other OSDIA Lodge of which you have been a member _____

You may omit specific contact information if desired.

Your signature below indicates your agreement with IHL to publish your following contact information:

Your Name	Your home address	Your e-mail address	Your telephone number
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Our monthly newsletter will acknowledge your birthday (month/day only).

Indicate here anything you wish to be omitted from your contact information _____.

I certify to the best of my knowledge the information given is true and correct.

Signature _____ Date _____

*Signature of Member's Sponsor Approval _____ Date _____

* If you do not know any current IHL/OSDIA member, please submit the membership form and payment to the IHL Financial Secretary and he will sign the application.

Revised May 2026