

COMPLETE ONE APPLICATION PER PERSON**PLEASE PRINT CLEARLY**

Membership Category: Primary Spouse Heritage (Ages 0-15) Unge Venner (Ages 16-23)
 (Check only one category)

1. _____
 First Middle Last

2. **Birth Date:** _____ 3. **Male** **Female**

4. **Norwegian By:** Birth Descent Marriage Interest / Affiliation

5. **Mailing Address:** _____
 Street City State Zip

6. **Billing Address:** _____
 (If different from above) Street City State Zip

7. **Phone:** _____ 8. **E-mail:** _____

SPOUSE INFORMATION (If your spouse is currently a member please complete this section)

1. _____
 Spouse's First Name Middle Last

2. **Spouse's Birth Date:** _____ 3. **Spouse's Member #** _____

HERITAGE/UNGE VENNER MEMBERSHIP INFORMATION (Complete if applicant is ages 0-15 or ages 16-23)

Ages 0-15 (This section must be completed to qualify for a free Heritage Membership)
Check qualifying relationship:
 A. Related to a current member **B. Living in the same household as a current member**

Ages 16-23 (This section must be completed to qualify for a Unge Venner Membership)
Check only one:
 C. Parent, grandparent or great grandparent is a current member (Dues Waived)
 D. Living in the same household as a current member (Dues Waived)
 E. No qualifying relationship (Dues Reduced)

If A, B, C or D in Heritage/Unge Venner Membership Section is checked, please complete the following :

1. _____
 Current Member's First Name Middle Last

2. **Member #** (Of Current Member): _____ 3. **Relationship:** _____

4. **Address** (Of Current Member): _____
 Street City State Zip

PAYMENT & LODGE INFORMATION**QUESTIONS? CALL 1-800-945-8851**

1. _____ - _____
 District # Lodge # Lodge Name (If known)

2. **Membership Approved by:** _____
 (If Required) Officer Name Member # Date

3. **Membership Referred by:** _____
 (Print Name and Member #) Member Name Member # Date

4. **F.B.C. Information:** _____
 (If Applicable) Financial Benefits Counselor's Name F.B.C. #

5. **I apply for membership in Sons of Norway :** _____
 Signature Date

6. **Application Fee:** \$ _____ + **Annual Dues:** \$ _____ = **TOTAL \$** _____
 (Where Applicable) For info. about dues or lodges call 1-800-945-8851

7. **Payment Type:** Cash Check Credit Card (Visa MC Discover AMEX)

8. **Credit Card #:** _____ **Exp. Date:** _____

9. **Name on card:** _____ **Credit Card Signature:** _____
 Please Print

THE BENEFITS OF MEMBERSHIP

- MONTHLY VIKING MAGAZINE PACKED WITH STORIES OF NORWAY PAST, PRESENT AND FUTURE.
- FINANCIAL SERVICES INCLUDING LIFE INSURANCE PRODUCTS, TAX DEFERRED ANNUITIES AND COMPLIMENTARY FINANCIAL REVIEWS.
- UNLIMITED OPPORTUNITIES TO ENRICH YOUR CULTURAL EXPERIENCE THROUGH GENEALOGY, LANGUAGE LESSONS, FOOD, FRIENDS, FELLOWSHIP, GRANTS, SCHOLARSHIPS AND MORE!
- EXCITING TOURS AND TRAVEL PROGRAMS, LODGING DISCOUNTS, CREDIT CARD OFFERS AND MORE!

COMPLETE THIS APPLICATION OR APPLY ONLINE AT www.sonsofnorway.com or call 1-800-945-8851

For office use only

Please return your completed application to:




SONS OF
NORWAY

1455 West Lake Street
Minneapolis, MN 55408-2666
Phone (612) 827-3611
Toll Free (800) 945-8851
www.sonsofnorway.com

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SONS OF
NORWAY
**JOIN
TODAY!**