



Amerigo Vespucci Lodge No. 160

P.O. Box 641, Vespucci Drive
DANBURY, CONNECTICUT 06810

CONNECTICUT SONS OF ITALY GRAND LODGE



Dear Brother/Sister,

I would like to thank you for your interest in becoming members of the **Amerigo Vespucci Lodge** of the **Order of the Sons of Italy in America**. For an organization such as ours to grow and maintain itself as one of the largest and best in the state of Connecticut, it takes Italian/Americans such as yourself, not only joining but also becoming a part of the organization and getting involved in clubs activities and attending meetings. It also means understanding the many benefits of belonging to an organization such as ours.

Benefits that include:

- A private club where you can take friends and guests
- An extended family, where you are called brother or sister
- Participation in Italian and Italian-American cultural events
- Scholarship opportunities at the local, state and national levels
- An outlet for volunteer energies and professional expertise in assisting the Italian-American Community in our area.

Please complete the application(s) for membership and return it to me with your check. For **Family Membership, both spouses must complete an application.** The amount of the check (made payable to the Amerigo Vespucci Lodge #160) includes the initiation fee and annual dues pro-rated for the year. Please check the attached **New and Annual Dues List** for the correct amount to pay.

Sincerely,

John DeBenedetto
Membership Chairman
203-733-2471 (Cell)

e-mail: John.DeBenedetto@yahoo.com



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New and Annual Membership Dues

New Members (Under Age 65)*

JAN - MAR	APR - JUN	JUL - SEP	OCT - DEC
\$150	\$125	\$100	\$75

New Family Members*

JAN - MAR	APR - JUN	JUL - SEP	OCT - DEC
\$200	\$175	\$150	\$125

New Senior Members (Age 65 & Older)*

JAN - MAR	APR - JUN	JUL - SEP	OCT - DEC
\$80	\$60	\$40	\$20

* - Includes Initiation Fee

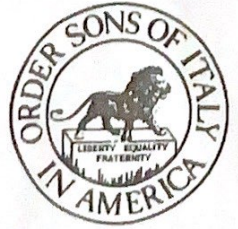
Annual Dues:	Single Membership:	\$150
	Family Membership	\$200
	Senior Membership	\$80



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INDIVIDUAL/FAMILY MEMBERSHIP APPLICATION

INDIVIDUAL MEMBERSHIP APPLICATION

Name of Applicant: _____

Address of Applicant: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Date of Birth: _____ Place of Birth: _____

Italian Family Name: _____ Married Single

Occupation: _____ Male Female

Name of Spouse: _____

Type of Membership Applied for: Regular Social Honorary

I certify that the above information is true and correct to the best of my knowledge and belief.

Date: _____ Applicant's Signature: _____

FAMILY MEMBERSHIP APPLICATION

Name of Spouse: _____

Telephone: _____ E-Mail: _____

Date of Birth: _____ Place of Birth: _____

Occupation: _____ Male Female

I certify that the above information is true and correct to the best of my knowledge and belief.

Date: _____ Spouse's Signature: _____

I certify that the applicant(s) are fully eligible for the above membership and recommend membership approval.

Date: _____ Sponsor's Signature: _____