

PLEASE CHECK IF THIS IS
A SPOUSAL APPLICATION



Please mail application to
214 N. Main St., Jamestown NY 14701
with a check for the \$35.00
Nonrefundable Application Fee

IOV Fraternal Administration
PO Box 27186
Lansing, MI 48909
www.iovikings.org

INDEPENDENT ORDER OF VIKINGS

MEMBERSHIP APPLICATION

APPLICANT NAME: _____

MAILING ADDRESS: _____

PHONE (HOME): _____ PHONE (CELL): _____

EMAIL: _____

JOURNAL: _____ US mail _____ email MEMBERSHIP: _____ adult _____ junior

OCCUPATION: _____ BIRTH DATE: _____

LODGE COMMITTEE/VOLUNTEER INTEREST: _____

FATHER'S ANCESTRY: _____ MOTHER'S ANCESTRY: _____

APPLICANT SIGNATURE: _____

SPONSOR NAME: _____ MEMBER # _____
SPONSOR SIGNATURE: _____ DATE: _____

INVESTIGATING COMMITTEE
We, the undersigned Investigating Committee,
_____ do _____ do not
recommend application for membership in
_____ Lodge # _____

Signature

Signature

Signature

DEPUTY GRAND CHIEF OR CHIEF OF LODGE
This is to certify that I have examined this application:
Date: _____
Signature: _____
APPLICATION VOTED AND APPROVED BY LODGE:
Date: _____
FINANCIAL SECRETARY
This certifies that the applicant was admitted to
membership and initiated ____/____/____
Dues collected: \$ _____
Signature: _____