



Vasa Order of America
A Swedish-American Fraternal Organization
Application for Membership
(Please Print or Type)

Form with checkboxes: New Member, Previous Member, Transfer, Dual

I submit my application for membership in the Vasa Order of America to the members of:

Local Lodge: No. DL No. Date:

Name: Last First Middle Male Female

Address: Street City State Zip

Phone: E-mail:

Birth Date Birth Place: Occupation:

Spouse: Children:

Interests and Skills:

Ancestry: Sweden Norway Denmark Finland Iceland

I am also a member of Vasa Lodge No. Date Joined:

Applicant's Signature: Recommending Member:

Membership Committee:

The portion of dues designated at \$1.50 per member for the Vasa Archives and \$1.00 per member for the Education Fund, and contributions to the Education Fund are deductible under Section 170(c)(4) of the Internal Revenue Code. All other contributions or gifts to Vasa Order of America are not tax deductible as charitable contributions for Federal income tax purposes.

Secretary's Use only: Member No. Initiation Date: Initiation Fee Paid: \$ Dues Paid: \$ Termination Date: Reason:

Local Lodge Secretary: Send this section to District Secretary Member No. Initiation Date: (required)

Name: Last First Middle Male Female

Address: Street City State Zip Phone:

Birth Date Birth Place: Recommending Member:

E-mail: Applicant's email address District Lodge No.

Signature: Local Lodge Secretary (required) Local Lodge No.

New Member Previous Member Dual Transfer, from LL No.

Local Lodge Secretary: Send this section to Vasa Star Circulation Manager Member No. Init. Date: (required)

Name: Last First Middle Male Female

Address: Street City State Zip Phone:

Birth Date Birth Place: Recommending Member:

E-mail: Applicant's email address District Lodge No.

Signature: Local Lodge Secretary (required) Local Lodge No.

New Member Previous Member Dual Transfer