



Please forward this completed form to:
linnealodge@gmail.com

Annual Membership Dues (\$35) will be due once the application has been processed.

Local Lodge Secretary: Keep this section

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

- ☐ New Member
☐ Previous Member
☐ Transfer
☐ Dual

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

Local Lodge: Linnea Lodge No. 504 DL No. 12 Date: _____

Name: _____ Male Female
Last First Middle

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: _____ Sponsor or how you heard of VOA _____

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: _____ ☐ Male ☐ Female
Last First Middle

Address: _____ Phone: _____
Street City State Zip

Birth Date _____ Birth Place: _____ Sponsor or how you heard of VOA _____

E-mail: _____ District Lodge No. 12
Applicant's email address

Signature: _____ Local Lodge Linnea Lodge No. 504
Local Lodge Secretary (required)

☐ 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: _____ ☐ Male ☐ Female
Last First Middle

Address: _____ Phone: _____
Street City State Zip

Birth Date _____ Birth Place: _____ Sponsor or how you heard of VOA _____

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

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

☐ New Member ☐ Previous Member ☐ Dual ☐ Transfer