Applications for Associate Membership must be mailed with a \$35.00 non-refundable application fee to 214 N. Main Street, Jamestown New York 14701

## Associate Membership Application

## (FOR APPLICANTS WITH NO SCANDINAVIAN HERITAGE)

Ingjald Lodge No. 65, Independent Order of Vikings 214 North Main Street, Jamestown NY 14701 Phone: 716-487-9305

Fax: 716-483-1823

Applicant to Fill In:	
Full Name of Applicant: Date:	
Address Number and	Street:
City, State, Zip Code	
Signature of Applicar	nt:
Telephone: ( )	E-Mail Address:
Male: Female:	Is your spouse currently a member of the Vikings?
Birth date:	Place of Birth:
Fathers Ancestry:	Mothers Ancestry:
This Space to be fille	ed by Sponsor:
Candidate Sponsored by: Certificate #:	
Address:	
Telephone: ( )	
Signature of Sponsor:	
<b>Investigating Comm</b>	ittee
We, the undersigned i	nvestigating committee:
	Do:
	Do not:
Recommend the appli	cant for membership in:
Social Membership V	iking Lodge #65
Signature:	
Signature:	