



Vasa Order of America
A Swedish-American Fraternal Organization

Application for Membership

(Please Print or Type)

Secretary: Keep this section

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

Local Lodge: _____ No. _____ Dist. No. _____ Date: _____

New Associate Previous (LL-DL) _____ Dual Plus (LL-DL) _____ Transfer from (LL-DL) _____

Name: _____ Male Female

Address: _____
Last (Maiden) First Middle

Address: _____
Street City State/Province Country Zip/Postal Code

Phone: _____ Text: Y N E-Mail: _____

Birth Date: _____ Birth Place: _____ Occupation: _____

Spouse: _____ Children Names/BD Year: _____
Last (Maiden) First

Interests and Skills: _____

Ancestry: Sweden Norway Denmark Finland Iceland _____

Applicant's Signature _____ Sponsor or how you heard of VOA: _____

Membership Committee: _____

Secretary's Use Only: Received Date: _____ Associate Approval Date: _____ Associate Dues Paid \$ _____

Member No. _____ Initiation Date: _____ Initiation Fee Paid: \$ _____ Member Dues Paid: \$ _____

Termination Date: _____ Reason: _____ Reinstated Date: _____

Secretary: Send this section to District Secretary

Associate Approval Date: _____ Member No. _____ Initiation Date: _____

Name: _____ Male Female

Address: _____
Last(Maiden) First Middle

Address: _____
Street City State/Province Country Zip/Postal Code

Phone: _____ Text: Y N Email: _____

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

LL Secretary Signature: _____ Local Lodge: _____ No. _____ DL: _____

New Associate Previous (LL-DL) _____ Dual Plus (LL-DL) _____ Transfer from (LL-DL) _____

Secretary: Send this section to the Vasa Star Circulation Manager

Associate Approval Date: _____ Member No. _____ Initiation Date: _____

Name: _____ Male Female

Address: _____
Last(Maiden) First Middle

Address: _____
Street City State/Province Country Zip/Postal Code

Phone: _____ Text: Y N E-Mail: _____

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

LL Secretary Signature: _____ Local Lodge: _____ No. _____ DL: _____

New Associate Previous (LL-DL) _____ Dual Plus (DL/LL) _____ Transfer from (LL-DL) _____