## Membership Application Independent Order of Odd Fellows

\_\_\_\_\_, 20\_\_\_\_\_

I,: (Print Name on Line Above)		
Apply to the members of		Lodge No
of the Independent Order of Odd Fellows of	Pennsylvania; f	or membership by Initiation and
agree to abide by the rules, regulations and te	eachings of the	Order. I understand my rights as
a member are protected by the laws of the Or	rder and I agree	not to resort to the civil courts for
their enforcement. I believe in a Supreme Be	eing and am loy	al to my Country.
I was born at	on the	day of,
My occupation is		
Employer		
Residence		
Mailing address if different		
Telephone		
Spouse/Parent/Guardian		
Your Signature		
I recommend the above for membership	(Signature of	Sponsor)
Lodge Name and Number of Sponsor Sponsor (printed name)		

## Report of Investigating Committee

We certify that the Applicant meets the qualifications for membership in this Lodge. Interviewing Committee:

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