

Return the completed membership form to the Chico Viking Lodge #6-89, Sons of Norway either by mail to 2299 Burlingame Drive, Chico, CA 95928 or fax to 530.895.1002. Questions call Warren Ronneberg at 530.891.0606 or email [wronneb@ronneberg.org](mailto:wronneb@ronneberg.org)

# Join Today!

## Four Great Reasons to Get Close to Your Norwegian Roots...

- 1 Monthly Viking magazine, packed with stories of Norway past, present and future.
- 2 Financial services including life insurance products, tax deferred annuities and free financial review.
- 3 Unlimited opportunities to enrich your cultural experience through genealogy, language lessons, food, friends, fellowship and more.
- 4 Exciting travel tours and programs, lodging discounts, credit card offers and more!

## Please use these directions to fill out the attached application

Applicants, please complete Sections A and B (white section). Lodge officer and applicant complete Section C (blue section).

Please submit white copy to Sons of Norway Headquarters and pink copy to the lodge Financial Secretary.

*The mission of Sons of Norway is to promote, preserve, and cherish a lasting appreciation of the heritage and culture of Norway and other Nordic countries while growing soundly as a fraternal benefit society and offering maximum benefits to its members.*



**SONS OF  
NORWAY**

1455 West Lake Street  
Minneapolis, MN 55408  
[www.sonsofnorway.com](http://www.sonsofnorway.com)  
(800) 945-8851

| COMPLETE ONE APPLICATION PER PERSON   | PLEASE PRINT CLEARLY |
|---|----------------------|
| <b>Membership Category:</b> <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Heritage (Ages 0-15) <input type="checkbox"/> Unge Venner (Ages 16-23)<br><small>(Check only one category)</small>    |                      |
| <b>1.</b> _____<br><small style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>Middle</span> <span>Last</span> </small>  |                      |
| <b>2. Birth Date:</b> _____ <b>3.</b> <input type="checkbox"/> Male <input type="checkbox"/> Female   |                      |
| <b>4. Norwegian By:</b> <input type="checkbox"/> Birth <input type="checkbox"/> Descent <input type="checkbox"/> Marriage <input type="checkbox"/> Interest / Affiliation   |                      |
| <b>5. Mailing Address:</b> _____<br><small style="display: flex; justify-content: space-between; width: 100%;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </small>  |                      |
| <b>6. Billing Address:</b> _____<br><small>(If different from above)</small> <small style="display: flex; justify-content: space-between; width: 100%;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </small> |                      |
| <b>7. Phone:</b> _____ <b>8. E-mail:</b> _____  |                      |

| SPOUSE INFORMATION <small>(If your spouse is currently a member please complete this section)</small>  |  |
|--|--|
| <b>1.</b> _____<br><small style="display: flex; justify-content: space-between; width: 100%;"> <span>Spouse's First Name</span> <span>Middle</span> <span>Last</span> </small> |  |
| <b>2. Spouse's Birth Date:</b> _____ <b>3. Spouse's Member #</b> _____   |  |

| HERITAGE/UNGE VENNER MEMBERSHIP INFORMATION <small>(Complete if applicant is ages 0-15 or ages 16-23)</small>   |  |
|---|--|
| <input type="checkbox"/> <b>Ages 0-15</b> (This section must be completed to qualify for a free Heritage Membership)<br><b>Check qualifying relationship:</b><br><input type="checkbox"/> <b>A. Related to a current member</b> <input type="checkbox"/> <b>B. Living in the same household as a current member</b>   |  |
| <input type="checkbox"/> <b>Ages 16-23</b> (This section must be completed to qualify for a Unge Venner Membership)<br><b>Check only one:</b><br><input type="checkbox"/> <b>C. Parent, grandparent or great grandparent is a current member</b> (Dues Waived)<br><input type="checkbox"/> <b>D. Living in the same household as a current member</b> (Dues Waived)<br><input type="checkbox"/> <b>E. No qualifying relationship</b> (Dues Reduced) |  |

| If A, B, C or D in Heritage/Unge Venner Membership Section is checked, please complete the following :   |  |
|--|--|
| <b>1.</b> _____<br><small style="display: flex; justify-content: space-between; width: 100%;"> <span>Current Member's First Name</span> <span>Middle</span> <span>Last</span> </small>                         |  |
| <b>2. Member # (Of Current Member):</b> _____ <b>3. Relationship:</b> _____  |  |
| <b>4. Address (Of Current Member):</b> _____<br><small style="display: flex; justify-content: space-between; width: 100%;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </small> |  |

| PAYMENT & LODGE INFORMATION  | QUESTIONS? CALL 1-800-945-8851 |
|--|--------------------------------|
| <b>1.</b> _____<br><small style="display: flex; justify-content: space-between; width: 100%;"> <span>District #</span> <span>Lodge #</span> <span>Lodge Name (If known)</span> </small>  |                                |
| <b>2. Membership Approved by:</b> _____<br><small>(If Required)    <small style="display: flex; justify-content: space-between; width: 100%;"> <span>Officer Name</span> <span>Member #</span> <span>Date</span> </small></small>  |                                |
| <b>3. Membership Referred by:</b> _____<br><small>(Print Name and Member #)    <small style="display: flex; justify-content: space-between; width: 100%;"> <span>Member Name</span> <span>Member #</span> <span>Date</span> </small></small>   |                                |
| <b>4. F.B.C. Information:</b> _____<br><small>(If Applicable)    <small style="display: flex; justify-content: space-between; width: 100%;"> <span>Financial Benefits Counselor's Name</span> <span>F.B.C. #</span> </small></small>   |                                |
| <b>5. I apply for membership in Sons of Norway :</b> _____<br><small style="display: flex; justify-content: space-between; width: 100%;"> <span>Signature</span> <span>Date</span> </small>  |                                |
| <b>6. Application Fee:</b> \$ _____    + <b>Annual Dues:</b> \$ _____    = <b>TOTAL \$</b> _____<br><small>(Where Applicable)    <small style="display: flex; justify-content: center; width: 100%;"> <span>For info. about dues or lodges call 1-800-945-8851</span> </small></small> |                                |
| <b>7. Payment Type:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card ( <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AMEX )                                |                                |
| <b>8. Credit Card #:</b> _____ <b>Exp. Date:</b> _____   |                                |
| <b>9. Name on card:</b> _____ <b>Credit Card Signature:</b> _____<br><small style="display: flex; justify-content: center; width: 100%;"> <span>Please Print</span> </small>   |                                |