

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

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
(800) 945-8851

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

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

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

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

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