



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) \_\_\_\_\_