



For New Members in the U.S. – Velkommen!

Why Join Sons of Norway? Because there's a little bit of Norway in all of us!

Member Benefits Include:

Viking magazine

Our #1 rated benefit! This popular bi-monthly print magazine covers a variety of fascinating topics from historical to modern.

Cultural programs

Get connected to Norwegian heritage and traditions. Our recipes, online Norwegian language lessons, cultural skills and sports medal programs will put Norway in your life every day.

Travel and other discounts

Explore your roots through thrilling travel adventures. Members enjoy savings on guided tours, self-guided trips, hotel stays, auto rentals and driving maps. Find added savings galore with additional member discounts you can access online.

Financial services

Members have exclusive access to competitively priced life insurance and annuity products that offer protection and security no matter what stage of life you're in. The purchase of these products helps support member benefit programs, lodges and our communities.

Sons of Norway Foundation

The Sons of Norway Foundation mission is to celebrate Nordic culture and heritage through scholarships and grants to our members. Last year we awarded over \$241,000 in awards to our members, lodges and communities.

That means:

Grants to our lodges and districts
Scholarships to our students
Camperships for cultural experiences
Humanitarian aid for our members in need

Sons of Norway Foundation: celebrating Nordic legacy and empowering lives

Select Your Membership:

- Individual Membership – \$84 per year
- Family Membership – \$144 per year

If known, please provide your:

District # Lodge # Lodge Name

Complete the following section for both Individual Membership AND Family Membership

Name _____ Male Female Other

First Middle Last

Date of birth _____

MM DD YY

Mailing address _____

Street Apt/Unit/Suite # City State Zip

Billing address _____

(if different from mailing address) Street Apt/Unit/Suite # City State Zip

Phone _____ Email _____

By providing my email address, I give Sons of Norway permission to send me newsletters, alerts, membership correspondence and special offers from Sons of Norway partners.

Complete the following section for a **Family Membership ONLY**

Please provide details for each family member enrolling, including unique email addresses for those age 16 and older. (Privacy regulations do not allow us to use shared email addresses for multiple family members.) Family members must reside at the same address. Free Heritage members must be age 15 or younger and related to a current member. Attach an additional sheet if needed.

Name _____ Date of birth _____
First Middle Last MM DD YY

Spouse Child/Heritage (ages 0-15) Other Male Female Other

Phone _____ Email _____

By providing my email address, I give Sons of Norway permission to send me newsletters, alerts, membership correspondence and special offers from Sons of Norway partners.

Name _____ Date of birth _____
First Middle Last MM DD YY

Spouse Child/Heritage (ages 0-15) Other Male Female Other

Phone _____ Email _____

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Dues Payment Options (select one)

Check enclosed Amount \$ _____ (annual dues paid in full)

Automatic monthly withdrawal

Dues payments may be made by automatic monthly withdrawal (EFT) from checking accounts with established U.S. financial institutions. Your membership dues will be divided into 12 monthly payments and withdrawn each month. Your financial institution may charge an additional fee for this service. To sign up for automatic payments, please attach a voided check to this application.

EFT Authorization I authorize Sons of Norway to:

- Make electronic deposits, withdrawals and corrections to my bank account in compliance with U.S. law.
- Act on this authorization, renewing annually, until I revoke it by contacting Sons of Norway at 800-945-8851.
- Make administrative changes to this authorization, as necessary, such as date and amount charged.
- Act upon electronic deposit, withdrawal and administrative instructions I provide.

X

Signature of bank account holder

Date

Lodge Information

Membership approved by _____
(if approval is required by lodge) Officer Name Member # Date

Membership referred by _____
Member Name Member # Date

Insurance Professional information _____
(if applicable) Insurance Professional Name Insurance Professional #

Thank you for joining Sons of Norway!

Please return this form with payment to:

Sons of Norway
1455 West Lake Street
Minneapolis, MN 55408-2666

Visit sonsofnorway.com to:

- **Add family members living at one address to an existing membership**
- **Enroll and pay dues by credit card if you are joining a nonvoting lodge**

Protecting Your Privacy – Sons of Norway respects your privacy. We never share your personally identifiable medical or financial information for any purpose other than underwriting insurance applications. Sons of Norway has administrative, technical and physical safeguards in place to protect your information. For our full privacy policy, please visit www.sonsofnorway.com.