

**SHOMRIM OF PHILADELPHIA  
&  
THE DELAWARE VALLEY  
P. O. BOX 14543  
PHILADELPHIA, PA. 19115**

**MEMBERSHIP APPLICATION (DUES ARE \$25.00/YEAR)  
(SEND TO THE ABOVE ADDRESS)**

**ACTIVE                      ASSOCIATE**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT.: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SINGLE: \_\_\_\_\_ MARRIED: \_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER OF THIS ASSOCIATION: YES / NO

SIGNATURE: \_\_\_\_\_

PROPOSER: \_\_\_\_\_

**THE FOLLOWING INFORMATION IS USED IN OUR MONTHLY PUBLICATION TO HONOR  
BIRTHDAYS AND ANNIVERSARY IF MARRIED**

MEMBER NAME: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CHILDRENS NAME(S): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**WEDDING ANNIVERSARY DATE:** \_\_\_\_\_