



**SHOMRIM OF PHILADELPHIA
AND THE DELAWARE VALLEY
P.O. BOX 14543
PHILADELPHIA, PA 19115
WWW.SHOMRIMPADV.ORG**

MEMBERSHIP APPLICATION (DUES ARE \$25.00 A YEAR)

ACTIVE ASSOCIATE

NAME: _____ PHONE: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____

ZIP: _____ EMAIL ADDRESS: _____

OCCUPATION: _____

BUSINESS ADDRESS: _____

DATE OF BIRTH: _____ SINGLE: _____ MARRIED: _____

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

PROPOSER: _____

**THE FOLLOWING INFORMATION IS USED IN OUR MONTHLY PUBLICATION
“THE HERALD” TO HONOR BIRTHDAYS AND WEDDING ANNIVERSARIES.**

MEMBER NAME: _____

SPOUSE: _____ DOB _____

CHILD’S NAME(S): _____ DOB _____

NAME: _____ DOB _____

NAME: _____ DOB _____

WEDDING ANNIVERSARY DATE: _____

Signature