

Application for Membership

Application Date _____

Name _____

Home Address _____

City _____ St _____ Zip _____ - _____

Home Phone _____ E-Mail Address _____

Your age (optional) _____ Date of Birth (year is optional) _____ Marital Status M W D S

Spouse's Name _____ Anniversary _____ Spouse's Birthday _____

Children's Name	Sex	Date of Birth
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Do you belong to a synagogue? _____ If yes, please note and address:

PA Facility/Department _____ Work Phone _____

Current Position _____ Date of Appointment _____

I pledge to conform and uphold the Constitution and By-laws of the Port Authority Employee's Shomrim Society, Inc.

Applicants Signature

Sponsor's Signature (if any)

Please send this completed application and a check for \$27.00 (first year's dues and initiation fee) to:

Shomrim Society
Box 30011
Jamaica, NY 11430-0011

