



St. Vincent de Paul Society of Milwaukee

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414-462-7837 www.svdpmilw.org

COMPLETE AND RETURN TO COUNCIL@SVDPMILW.ORG

CONFIDENTIAL-Membership Form (Please Print)

Full name: _____ Preferred Name _____

Address: _____ Primary Phone: _____

Street address *Apt/Unit #*

_____ Email: _____

City *State* *Zip Code*

Date of Birth: _____ Ethnicity: _____

Profession or Area of Study _____ Employed Retired Student

Name of (current or past) Employer _____

Membership Profile

I am joining as a _____ Full Member Associate Member Unsure

Name of SVDP Conference (Parish) _____ Month/Year you joined SVDP: _____

I am proficient in the following languages: _____ English Spanish Other

How did you learn about the St. Vincent de Paul Society? _____

Would you like to receive our monthly newsletter via email? _____ Yes No

By signing this form, I give permission:
to include member information in the SVDP-USA Members Portal ([Privacy Policy](#)),
to publish any photographs of me while serving at a SVDP program or special event for use in local publicity,
to provide additional information, upon request, for Safeguarding requirements.

Signature: _____ Date: _____