



St. Vincent de Paul Society of Milwaukee
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 414-462-7837 www.svdpmilw.org

CONFIDENCIAL

MEMBERSHIP FORM
FORMA DE MEMBRESIA
 (Por favor, escribir en imprenta.)

Last Name (Apellido) _____ **First Name (Nombre)** _____ **Preferred Nickname (Apodo)** _____

Street Address (Domicilio) _____ Apt. # _____

City (Ciudad) _____ State (Estado) _____ Zip (Codigo Postal) _____

Phone (Telefono) _____ E-Mail (Correo Electronico) _____

Date of Birth (Fecha de Nacimiento) _____

Informacion de Empleo: Employed Retired Student La profesión: _____

Nombre de la empresa: _____

Would you like to receive a monthly newsletter via email?
 ¿Te gustaria recibir informacion de anuncios locales por correo electronico? yes (si) no (no)

MEMBERSHIP PROFILE I am joining as a: Full Member Associate Member Unsure

Date You Joined SVDP (Fecha a la cual te uniste a SVDP) _____

Name of SVDP Conference (Nombre de tu Conferencia de SVDP) _____

I am proficient in the following languages (Soy proficiente en los siguientes idiomas)

English Spanish Other

How did you learn about the St. Vincent de Paul Society? ¿Como aprendiste acerca de la Sociedad San Vicente de Paul?

Applicant's Signature (Firma de Apicante) _____ Date (Fecha) _____

**Please note: Certain programs require a background check. By signing this form, I agree to allow SVDP to obtain such information and will provide other information, such as a social security number, upon request. Also, if any photograph is taken of me while serving at a SVDP program or special event, I give permission for its publication.*