



St. Vincent de Paul Society of Milwaukee
 PO BOX 26537 Milwaukee, WI 53226
 414-462-7837 www.svdpmilw.org
CONFIDENTIAL

MEMBERSHIP FORM
 (Please print)

Last Name **First Name** **Preferred Nickname**

Street Address _____ Apt. # _____

City: _____ State: _____ Zip: _____ -

Primary Phone: _____ E-Mail: _____

Date of Birth: _____

I am: ___ Employed ___ Retired ___ Student Profession or Area of Study _____

Would you like to receive a monthly newsletter via email? yes no

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

Date You Joined SVDP: _____ Name of SVDP Conference (Parish): _____

I am proficient in the following languages:	Oral	Written
English	—	—
Spanish	—	—
Hmong	—	—
Other _____	—	—

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

Applicant's Signature: _____ Date: _____

**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.*