Membership ID: _____
APP:_____
CK#._____
For Office Use Only

SONS AND DAUGHTERS OF PEARL HARBOR SURVIVORS, INC.

APPLICATION FOR ASSOCIATE MEMBERSHIP

Please Print or Type Date: _____

NAME: _____ Nickname: _____
LAST FIRST MI.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____-_____

TELEPHONE: (_____)_____ _____ CELL:_____

E-MAIL ADDRESS: _____

BIRTHDATE: _____ BIRTH PLACE: _____

SPOUSE'S NAME: _____SDPHS ID# (if member)_____

PROFESSION OR OCCUPATION: _____

OTHER AFFICIATIONS (Clubs, Societies, Organizations and Offices held): _____

_____

SPECIAL AWARDS AND ACHIEVEMENTS: _____

_____

PLEASE TELL US ABOUT YOUR INTEREST IN BECOMING AN ASSOCIATE MEMBER OF THE SONS AND DAUGHTERS OF PEAR HARBOR SURVIVORS: _____

_____

_____

I, the undersigned, understand that Associate membership in the Sons and Daughters of Pearl Survivors, Inc. means a commitment to keep alive the memory of Pearl Harbor and the memory of the men and women of the Armed Forces of the United States of America serving there on December 7, 1941; to maintain true allegiance to the government of the United States of America; to foster true patriotism, and to preserve and defend the United States of America from her enemies.

Signed this _____ day of _____, 20___ Signature: _____

NATIONAL ANNUAL ASSOCIATE DUES is $15.00 and should be remitted on or before December 7 of each year. Annual Dues entitles the Associate to be an active SDPHS member with the rights and privileges as stated in the National Constitution and By-Laws.

MAKE CHECK FOR $15.00 PAYABLE TO: SDPHS, Inc.

MAIL APPLICATION AND CHECK TO:
SDPHS, Inc.
1414 Woodville Road
Mansfield, OH 44903-9478