



SHOMRIM SOCIETY MEMBERSHIP APPLICATION REINSTATEMENT APPLICATION



PLEASE ENTER INFORMATION BEFORE PRINTING OR PLEASE PRINT LEGIBLY

Date _____

Name of Applicant _____
Last First Middle Initial

Gender _____ Age _____ Date of Birth _____ Marital Status _____

Address _____
(BUILDING / HOUSE #) (STREET) (CITY) (STATE) (ZIP CODE)

Telephone # (____) _____ - _____ Email Address _____

Alt Telephone # (____) _____ - _____

Uniform _____ Civilian _____ Tax Registry # _____ Shield # _____

Rank/Title _____ Command _____ Date of Appointment _____

Social Security # _____ - _____ - _____ Previous Civilian Occupation _____

Mother's Maiden Name _____ Mother's Religion _____

Name of Spouse _____ Spouse's Religion _____
First Maiden

Spouse's Date of Birth _____ Spouse's Occupation _____

Children:

Name _____ Religion _____ Date of Birth _____

Name _____ Religion _____ Date of Birth _____

Name _____ Religion _____ Date of Birth _____

Initiation fee (\$1.00) plus current year's dues (\$35.00) must accompany application. Please make checks/money orders payable to: "The Shomrim Society".

**APPLICANTS MUST COMPLETE ACKNOWLEDGEMENT ON
REVERSE SIDE OF APPLICATION**

DEATH & BURIAL BENEFITS ACKNOWLEDGMENT

I hereby make application for membership in the Shomrim Society, Inc. of the New York City Police Department and acknowledge that I am of the Jewish faith and that I agree to the following guidelines:

That neither I nor any member of my family is entitled to burial and/or death benefits whatsoever if at the time this application for membership is approved I am over the age of 36 (thirty-six).

That neither I nor any member of my family is entitled to burial in Shomrim grounds unless such individual is Jewish through matrilineal decent or unless proper conversion papers are submitted and approved by the Spiritual Director of the Shomrim Society.

Any previous membership in Shomrim _____ If yes, date: _____

REINSTATEMENT

If previous membership lapsed, I waive eligibility for burial rights until all back dues are paid at the prevailing rate, if eligible based on age. As for scholarship program I waive eligibility until all back dues are paid at prevailing rate and there is a 5 year waiting period. In return, back dues will be waived by the society.

Signature *Date*

Signature of Shomrim Member Witness

MEMBERSHIP COMMITTEE ACTION DATE _____

APPROVED _____ DISAPPROVED _____

Signature of Committee Members _____, Chairperson

Shomrim Membership Number Assigned _____ Mail

application, current dues and initiation fee to:

Visit us online at www.nypdshomrim.org

Shomrim Society
Membership Committee
PO Box 598
Knickerbocker Station NY 10002