



# SHOMRIM SOCIETY MEMBERSHIP APPLICATION



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 descent 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: \_\_\_\_\_

\_\_\_\_\_  
*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](http://www.nypdshomrim.org)

Shomrim Society  
Membership Committee  
PO Box 598  
Knickerbocker Station NY 10002