

Membership ID: _____

Approval Date: _____

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: _____

BIRTH DATE: _____ BIRTH PLACE: _____

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

PROFESSION OR OCCUPATION: _____

OTHER AFFILIATIONS (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 PEARL 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 ASSOCIATE MEMBER ANNUAL DUES - \$10.00 December 7 thru December 6 of the following year.

MEMBERSHIP FEE is \$15.00 to be remitted with completed application. MAKE CHECK PAYABLE TO: SDPHS, Inc.

MAIL APPLICATION AND CHECK TO: SDPHS, Inc.
36675 Giles Road
Grafton, OH 44044-9