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| --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | |
| Full Name: |  | | |  | |  |
| **Last** | | | | **First** | | **M.I.** |
| Address: |  | | | | |  |
| **Street Address** | | | | | | **Apartment #** |
|  | | | | |  |  |
| **City** | | | | | **State** | **ZIP Code** |
| Phone: |  | Email Address: | | |  | |
| Date of Birth: |  | Member Type Active (2hrs/week) or Associate (1hr/week): | | |  | |
| Signature: |  | | | | | |
| *There may be solidarity collections for National, Regional, (Arch) Diocesan, and District Councils. Not a requirement for membership.* | | | | | | |
| Voluntary Information | | | | | | |
| How did you hear about SVDP? | | |  | | | |
| Why are you interested in SVDP? | | |  | | | |

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| --- | --- | --- | --- |
| I give SVDP permission to run a background check | |  | |
| Please sign if you give permission for SVDP & Holy Family Cathedral Anchorage, AK to run a background check | | | |
| **Only fill out if applying for President, Vice-President, Secretary or Treasurer** | | | |
| President/VP | My signature here certifies that I have read and understand the duties expected of a SVDP Conference President/VP (See Bylaws for details) | | |
| Signature: | |  |
| Secretary | My signature here certifies that I have read and understand the duties expected of a SVDP Conference Secretary (See Bylaws for details) | | |
| Signature: | |  |
| Treasurer | My signature here certifies that I have read and understand the duties expected of a SVDP Conference Treasurer (See Bylaws for details) | | |
| Signature: | |  |

|  |  |  |  |
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| **Office Use** | | | |
| Officer approval signature: |  | | |
| Title: |  | Date: |  |