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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: |  |