SONS AND DAUGHTERS OF PEARL HARBOR SURVIVORS, Inc.

APPLICATION FOR ASSOCIATE MEMBERSHIP

Please Print or Type

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: ________________________________

MEMBERSHIP FEE is $15.00 to be remitted with completed application. (Includes Application Fee, Dues, and SDPHS National Newsletter for one year)

MAKE CHECK PAYABLE TO: SDPHS, Inc

RETURN COMPLETED APPLICATION WITH MEMBERSHIP FEE TO:

SDPHS National Registrar, Linda Hooks
1414 Woodville Road
Mansfield, OH 44903-9478

(Revised 1-2016)