

**The Shomrim Society of Maryland Inc.**

Date of application \_\_\_\_\_, 20\_\_\_\_

I, the undersigned hereby apply for membership in the **The Shomrim Society of Maryland Inc.**

Name \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**Yearly dues must be paid in full at the time of Application**

Yearly Dues: Active Member	\$20.00	_____
Associate Member	\$30.00	_____
Retired Member	\$10.00	_____
Business Membership	\$50.00	_____

Make your check payable to **The Shomrim Society of Maryland Inc** and mail with your application to:

The Shomrim Society of Maryland Inc.  
P.O. Box 65  
Boring Maryland 21020

*“SO THAT POLICE, FIRE, AND PUBLIC SAFETY OFFICERS OF THE JEWISH FAITH MAY JOIN TOGETHER FOR THE WELFARE OF ALL”*