



**Shomrim Society of Illinois / Shomrim Society of Illinois Endowment Fund
Membership Application - 2024**



PLEASE RETURN THIS FORM ELECTRONICALLY OR BY MAIL. PAYMENT MAY BE MADE THROUGH PAYPAL (\$1.00 CONVENIENCE FEE) OR BY CHECK PAYABLE TO SHOMRIM SOCIETY OF ILLINOIS

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IF MAILING, SEND FORM & CHECK TO:

Bruce M. Rottner 4950 Old Orchard Rd. Skokie, IL 60077

APPLICATION TYPE (Check One) – PLEASE PRINT ALL INFORMATION LEGIBLY

- Renewal Regular \$20.00
 Renewal Associate \$20.00
 Renewal Regular Retired \$10.00
 Honorary \$50.00
 Lifetime Honorary \$500.00
 Regular Life
 Presidential Life
 Honorary Life

New Member (Sponsored by _____)

Name _____ Date of Birth _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Email _____ Alternate Email _____

Agency Employed By: _____ Sworn: Yes No Full Time Part Time

Star/Badge # _____ Assignment _____ Current Shift _____

Beneficiary _____ Relation to Member _____

Beneficiary Address _____ City _____ State _____ ZIP _____

Beneficiary Phone _____

I am applying for membership or renewal of membership in the Shomrim Society of Illinois, Inc / Shomrim Society of Illinois Endowment Fund, Inc. The information I have provided on this application is true and complete to the best of my knowledge.

Signature _____ Date _____

***** **Board Use Only** *****

Date Approved (New Member Only) _____

Amount Paid _____ Check # or Electronic _____ Date Rcvd' _____

Notes: