

So that Public Safety Officers of the Jewish Faith May Join Together for the Welfare of All

ב"ר



South Florida



Shomrim Society

South Florida Shomrim Society

MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NUMBER: _____ WORK: _____

RANK/AGENCY/COMPANY _____
(If Retired, prior affiliation)

E-MAIL _____ BIRTHDAY: _____

I understand and approve the basis for membership and objectives as herewith stated:

The Regular Membership of the South Florida Shomrim Society is open to men and women of the Jewish faith who are currently employed in, or are retired from, any of the various fields of Public Safety such as: Police Officers (full time or reserve), Firefighters, State Attorneys Generals, District Attorneys/Public Prosecutors, Court Clerks, Parole Officers, Probation Officers, Sheriffs and Deputies, etc.

The Associate Membership of the South Florida Shomrim Society is open to any person or organization that supports the below listed Goals and Objectives of the South Florida Shomrim Society

The Goals and Objectives of the South Florida Shomrim Society include the following:

- 1 To foster and promote the religious spirit and interests of its members and families;
- 2 To strengthen friendships and to promote the social well-being and welfare of its members and families;
- 3 To support the welfare of the local community
- 4 To improve the public image of all persons engaged in public safety;
- 5 To support and defend the Constitution and the government of the United States;
- 6 To actively support and improve the criminal justice system;
- 7 To cooperate with all organizations which also seek the aforementioned objectives.

Membership dues, payable in January of each year:

() REGULAR MEMBERSHIP: Open to all who qualify based upon the above criteria: \$36.00 annually.

() ASSOCIATE MEMBERSHIP: Open to those who support the above Goals and Objectives but are not active or retired members of the Public Safety profession: \$50.00 the first year, thereafter \$36.00 annually.

() Contribution towards scholarships, picnic, dinner dance, good & welfare

DATE: _____ SIGNATURE OF APPLICANT: _____

SPONSORED BY: _____

Please Mail this application with dues to:

South Florida Shomrim Society
20533 Biscayne Blvd., Ste. 244
Aventura, FL 33180