

Conference Presidents: All prospective Vincentians are required fill out and sign this form to become members of SVdP. This should be done before doing activities outside of Conference meetings, specifically before interacting with Those We Serve. Please ensure the Volunteer Interest Survey is attached to this form before mailing.

Please send forms to 3000 Gratiot Ave. Detroit, 48207 Attn: Debbie Jackson

Or email to djackson@svdpdetroit.org

Society of St. Vincent de Paul

New Member Form

Circle one: Mr.,Mrs.,Ms.,Miss,Dr. _____
PRINT FIRST NAME MIDDLE PRINT LAST NAME

Print Address _____
STREET CITY ZIP

Date of Birth _____ Sex _____ **Circle Race:** Caucasian Hispanic African American Other
MONTH DATE YEAR F M _____

Home Phone _____ Cell _____ Work Phone _____

Print E-mail _____

Marital Status: _____ Is your spouse a member of SVDP ? _____ Name _____

Name of your Conference _____ Date you first joined the Conference _____

How did you hear about the Society of St. Vincent de Paul? _____

Can you assist us or have experience in any of the following areas (*Please check all that apply*):

Dentist	Accounting	Marketing	Insurance	Fundraising
	Website building/ mgmt		Law	
Handyman		Grant writing		
Plumbing	Information management	Graphic design		
Electrical	Computer solutions			
Contractor	Recruitment			
Concrete	Public relations			

For your safety and all those concerned, the Society of St. Vincent de Paul administers criminal background checks on all new members and volunteers.
