

SMS APPLICATION FOR MEMBERSHIP

95 Ovid Street
Seneca Falls, NY 13148

Phone #: (315) 568-6526

Date: _____

Last Name: _____ **First:** _____ **MI:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #: _____ *(Cell or Land Line)* **Will You Receive Text:** *Yes or No*

Date of Birth: _____ **Email Address:** _____

Occupation: _____

Father's Name: _____

Mother's Maiden Name: _____

I to the best of my knowledge attest that the above Candidate for membership in the SMS is a person of good character and is interested in contributing to the benefit of the SMS and the Community.

Date: _____ **Signature of Sponsor:** _____

We the undersigned certify that the applicant is accepted as a member of the SMS. Regular and Social Members are hereby to Pay **\$40 per year in dues**. Dues are due by **April 1st** of that year. A **\$10 late fee** will be added after April 1st.

Date: _____

President: _____ **Secretary:** _____

_____ **Regular Member**

_____ **Social Member**