



Society of Saint Vincent De Paul  
Membership Form 2024

Conference Name: \_\_\_\_\_

Aggregation date: \_\_\_\_\_

In the Diocese of: NASSAU \_\_\_\_\_

Conference Meets: \_\_\_\_\_

\_\_\_\_\_

**Membership Personal Information**

Name: Mr./ Ms/ Mrs \_\_\_\_\_

Date of birth: ( month/day/year) \_\_\_\_\_

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

\_\_\_\_\_

Contact Information:

Home number: \_\_\_\_\_ cell number: \_\_\_\_\_

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

Select type of membership:

Financial membership \$24.00 per year

Auxiliary membership

Benefactors

Volunteers