



Semper Fidelis Society

Membership Application

Date: _____

Last Name: _____ First Name _____ & M.I _____

Address: _____

City: _____ State: _____

Zip Code: _____

Home Phone No: _____

Pager: _____

Business Phone No: _____ Ext: _____ Fax No: _____

E-mail: _____

Cell/Mob. Phone No: _____

Company, Business or Professional Information: _____

Military Service Branch Dates: _____

Note: Attach check for \$50, copy of DD-214, Military ID or Honorable Discharge document.

-----FOR JSFS USE ONLY-----

Verification of Service:

Verified by _____ Document _____ Date _____

Initial Dues (\$50) Paid:

Amount _____ Date: _____

Mail to: JSFS P.O. Box 28188 Jacksonville, Florida 32226

www.SemperFidelisSociety.org