The National Society of the Sons of the American Revolution



APPLICATION FOR DUAL MEMBERSHIP

NAME:	NATIONAL NO.
DATE	

To the Secretary of the	Society
National Society, Sons of the Ameri	ican Revolution
I,	, being a member of the
	State (or International) Society (home society) of
the Sons of the American Revolutio	n, hereby request dual membership in the
Socie	ety of the Sons of the American Revolution.
I affirm that my membership	is current in my home society, and that I recognize that
it is my responsibility to maintain an	n active membership in my home society, which is

responsible for reporting my status to the National Society Sons of the American Revolution.

Signature of Member		
Address		
City	State	Zip +4
() Telephone	Email	

Please do not submit this form to NSSAR. Please mail the form to the Society in which you wish to become a dual member.