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.