

**Ladies Auxiliary of the Arizona Society
Sons of the American Revolution
Application for Membership**

Name: _____

Address: _____

City: _____ State: _____

Zip Code +4 _____

Telephone: _____

Email Address: _____

SAR Member Name: _____

NSSAR Membership Number: _____

State and Chapter: _____

Relationship: _____

Applicant's Signature: _____

Date of Application: _____

I would like to receive an electronic copy of the SAR-IZONA newsletter. Yes: ___ No: ___

Enclosed Payment: One time - Lifetime Dues: \$50

Make Check payable to: AZSSAR

Send to AZSSAR Secretary Treasurer:

Warren M. Alter

6743 E Rosewood Place

Tucson, AZ 85710-1217

Office Use Only:

Application accepted: _____ Membership # _____

Membership card mailed: _____