



The National Society of the
Sons of the American Revolutions
809 West Main Street, Louisville, KY 40202

APPLICATION FOR DUAL MEMBERSHIP

Name:		National Number:	
Address:			
City:		State:	Zip Code:
Telephone:		Email:	

To the Secretary of the _____ Society,

I, _____, being a member of the
_____ Society of the Sons of the American Revolution,
hereby request dual membership in the _____ Society of the
Sons of the American Revolution.

I affirm that my membership is current in my primary society, and that I recognize that it is my responsibility to maintain an active membership in my primary society, which is responsible for reporting my status to the National Society Sons of the American Revolution.

Compatriot's Signature

Date

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