



The National Society of the Sons of the American Revolutions

APPLICATION FOR DUAL MEMBERSHIP

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

To the Secretary of the _____ Society, _____
Chapter:

I, _____, being a member of the _____
Society, _____ Chapter of the Sons of the American Revolution, hereby
request dual membership in the _____ Society, _____
Chapter of the Sons of the American Revolution. I affirm that my membership is current in my primary
society and chapter, and that I recognize that it is my responsibility to maintain an active membership in
my primary society and chapter, which is responsible for reporting my status to the National Society Sons
of the American Revolution.

Compatiot'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.**