



Mail to:
 Patrick Holcombe
 PO Box 494653
 Port Charlotte, FL 33949

SONS OF AMVETS

NATIONAL HEADQUARTERS

4647 Forbes Blvd.
 Lanham, MD 20706

Email: natsons@sonsofamvets.org
 (301) 683-4099

MEMBERSHIP DUES AND REMITTANCE FORM

DEPARTMENT	<u>FL</u>	SQUADRON NO.	E.I.N.	DATE
ADDRESS	CITY		STATE	ZIP
MEMBERSHIP CHAIRMAN				PHONE
EMAIL ADDRESS				
MEMBERSHIP CONTACT PERSON				

ALL INFORMATION MUST BE LEGIBLY PRINTED OR TYPED AND MUST BE FULLY COMPLETED.

SQUADRONS:

Squadrons must complete the page 1 with all Squadron information. Complete one line on page 2 for each member being submitted including full and proper name, complete address, telephone number, date of birth, email address and whether the member is New or Renewal. Send 1 copy of the completed D & R Form to your State Vice Commander for Membership, at the address DESIGNATED by your State Department. With the form send one check for \$12.00 per member for Department Dues, PLUS \$13.00 per member for National Dues. For a total of \$25.00 mailed to Department.

DEPARTMENTS:

Upon receipt of the D & R Form from the Squadrons and upon issuance of the corresponding cards, complete the section on page 2 with the new card numbers. Forward a Department check to National Headquarters for \$13.00 per member with 1 copy of the completed D & R Forms. One copy of the completed form must also be returned to the Squadron with the corresponding cards.

WHERE A DEPARTMENT DOES NOT EXIST, SEND ONE CHECK OF \$ 13.00 PER MEMBER FOR THE NATIONAL DUES TO SONS OF AMVETS NATIONAL HEADQUARTERS, WHERE THE NATIONAL SECRETARY WILL ISSUE THE CARDS.

ELIGIBILITY FOR MEMBERSHIP

Eligibility for membership in the Sons of AMVETS shall be limited to all male descendants, grandsons, adopted sons and stepsons, fathers, husbands, widowers and brothers of members of AMVETS and deceased members of AMVETS, or service personnel, who died and would have been eligible for membership in the parent AMVETS organization, and are at least eighteen (18) years of age and is not eligible for membership in the parent organization. This is not to include in-laws of any type.

THIS FORM MUST BE COMPLETE AND LEGIBLE.

THIS WILL ENSURE THAT ALL INFORMATION WE HAVE IS ACCURATE AND CORRECT.

PLEASE DO NOT HOLD MEMBERSHIP, PROCESS YOUR MEMBERSHIP ASAP

DATE ISSUED:

PAGE TWO

SQUADRON #

CARD#	N/R	BIRTHDATE	NAME	PHONE NUMBER
EMAIL ADDRESS			ADDRESS	CITY STATE ZIP
0.	000000	N	3/20/56	ANDREW J. BOWERS 717 STONEDALE STREET DAYTON OHIO 45424 (937) 422-6666
01.				
02.				
03.				
04.				
05.				
06.				
07.				
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15.				

DEPT FL SQUADRON NO. _____ SUBMITTED BY _____ TITLE _____ DATE _____
 ADDRESS _____ CITY _____ STATE FL ZIP _____
 TOTAL MEMBERS SUBMITTED _____ CHECK AMOUNT \$ _____ CHECK NO. _____ PHONE _____

