**Pennsylvania Society**  **Sons of the American Revolution
State Life Membership Application**

***Instructions:*** *Fill in the top portion and mail this form along with a check for the appropriate amount (see chart below), made payable to “PASSAR”, to the State Treasurer.*

Date:

Member’s Name: Age: National #:

Mailing Address:

City: State: Zip + 4:

Chapter:

I hereby apply for enrollment in the PASSAR Life Membership Plan. My check made payable to the PA Society, SAR in the amount of $ is enclosed.

 Signature Date

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The compatriot listed above has paid the necessary dues and is recommended for Life Membership the PA Society, SAR

 PASSAR Treasurer Date

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The compatriot listed above is approved for Life Membership in PASSAR

 PASSAR Secretary Date

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