

Ladies Auxiliary of the  
Pennsylvania Society  
Sons of the American Revolution  
Application for Membership

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Birthday \_\_\_\_\_

Family Member's SAR # and Chapter if applicable \_\_\_\_\_

Are you DAR? \_\_\_\_\_

Annual dues-\$10.00-you are automatically a member of the National Ladies Auxiliary

Amount paid \_\_\_\_\_

Date \_\_\_\_\_

Please make out check to the Ladies Auxiliary PASSAR

Send to the LAPASSAR Treasurer

Diana Watson

PO Box 311

Conneautville. Pa 16406