

Membership Number: _____

APPROVED

By: _____ Date: _____



**Ladies Auxiliary of the North Carolina
Society Sons of the American Revolution
(LANCSSAR)**

Application for Membership

Name: _____

Street Address: _____

City, State Zip: _____

Telephone: _____ Cell: _____

E-Mail: _____

Husband's Name: _____

SAR Member: _____

NSSAR Membership Number: _____

State and Chapter: _____

Relationship: _____

Annual Dues - \$10.00: Amount Paid _____ Date: _____

Make Checks Payable to LANCSSAR at P.O. Box 1249, Pittsboro NC 27312