



SONS OF AMVETS
NATIONAL HEADQUARTERS
4647 Forbes Blvd., Lanham, MD 20706
(301) 683-4099 EMAIL: natsons@sonsofamvets.org

CARD # _____
AMOUNT \$ _____
FOR OFFICE USE ONLY

LIFE MEMBERSHIP TRANSMITTAL FORM

INSTRUCTIONS

1. Complete Life Membership Transmittal Form.
2. The Squadron Membership Chairman shall submit the Life Membership Transmittal Form, a copy of your up to date membership card and a check or money order in the amount of \$320.00 made payable to the "National Sons of AMVETS" to National Headquarters at the address above with a copy to your Squadron Membership Chairman.
3. The Squadron Membership Chairman shall forward a copy of the Life Membership Transmittal Form to your Department (where one exists) for their records.
4. Any questions can be directed to your Department or National 1st Vice Commander, in charge of membership.
5. Life Membership dues are non-refundable.

Post Information

Dept/State _____ Squadron No. _____ Date _____ Post Phone _____
Address _____ City _____ State _____ Zip _____

Membership Information

Current Card Number _____ Phone No. _____
Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Email _____

Eligibility Verification (only if a copy of your up to date membership card is not available)
Signature of Squadron 1st Vice Commander or Commander verifying eligibility:

Name _____ Phone _____ Dept./Post _____
Address _____ City _____ State _____ Zip _____
Email _____