



4 Taft Ct. Suite 350  
Rockville, MD 20850

# SONS OF AMVETS

NATIONAL HEADQUARTERS

Email: [natsons@sonsofamvets.org](mailto:natsons@sonsofamvets.org)

(301) 683-4099

## MEMBERSHIP DUES AND REMITTANCE FORM

DEPARTMENT	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 \$ \_\_\_\_\_ per member for Department Dues, PLUS \$13.00 per member for National Dues.

### 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	(937) 422-6666
	email@address.com		717 STONEDALE STREET	DAYTON	OHIO 45424
01.					
02.					
03.					
04.					
05.					
06.					
07.					
08.					
09.					
10.					
11.					
12.					
13.					
14.					
15.					
DEPT _____ SQUADRON NO. _____ SUBMITTED BY _____ TITLE _____ DATE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ TOTAL MEMBERS SUBMITTED _____ CHECK AMOUNT \$ _____ CHECK NO. _____ PHONE _____					

REVISED 06/2025