



**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. You must be a current Sons of AMVETS annual member before you can join as a Life Member.
2. Complete Life Membership Transmittal Form.
3. 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 \$300.00 made payable to the "National Sons of AMVETS" to National Headquarters at the address above with a copy to your Squadron Membership Chairman.
4. The Squadron Membership Chairman shall forward a copy of the Life Membership Transmittal Form to your Department (where one exists) for their records.
5. Any questions can be directed to your Department or National 1<sup>st</sup> Vice Commander, in charge of membership.
6. 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 1<sup>st</sup> Vice Commander or Commander verifying eligibility:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Dept./Post \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_