



**Ladies Auxiliary
Long Island Chapter
Sons of the American
Revolution**

All applications must be mailed to
the Registrar:

Edward A. Burns, Registrar
56-52 196 Street
Fresh Meadows, NY 11365

Application for Membership

Date: _____

Name: _____

Husband's Name: _____

Address + Zip+4 _____

Telephone + Area Code: _____

Relationship to SAR Member: _____

NSSAR # _____ **ESSSAR #** _____

ESSSAR Chapter _____

E-Mail: _____

Application Fee - \$5.00 _____

National Membership Pin - \$10.00 _____

Postage and Handling - \$3.00 _____

Payable to: LI Chapter **Total Due:** _____

Approved By:

Registrar: _____

Date Issued: _____ **Membership #** _____

Date Received: _____ **Check #** _____

Treasurer: _____

Date Received Check: _____