



**Ladies Auxiliary of the  
California Society  
of the  
Sons of the  
American Revolution**

**APPLICATION FOR MEMBERSHIP**

Membership Number \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Husband's Name: \_\_\_\_\_

SAR Member: \_\_\_\_\_

NSSAR Membership No. \_\_\_\_\_

State & Chapter: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

I would like to receive a copy of the  
CALIFORNIA COMPATRIOT Yes\_\_\_No\_\_\_

APPROVED:

Registrar: \_\_\_\_\_

Date: \_\_\_\_\_

*Annual Dues \$5.00 Membership Pin \$7.50*