



**SONS OF AMVETS**  
NATIONAL HEADQUARTERS  
3309-11 Hubbard Rd., Hyattsville, MD 20785  
(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 \$450.00 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 1<sup>st</sup> Vice Commander, in charge of membership.
5. If you would like to upgrade to a metal lifetime card, please check the box to the right and add \$25.00 to your check total. Please allow up to an additional 6 weeks for processing and engraving.
6. Life Membership dues are non-refundable.

**PLEASE SEND ME A METAL CARD FOR AN ADDITIONAL \$25.00**

### 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 \_\_\_\_\_