



LADIES AUXILIARY OF THE
CALIFORNIA SOCIETY
SONS OF THE
AMERICAN REVOLUTION
Application for Membership

NAME: _____

Street: _____

City/State/Zip Code: _____

Phone: _____

EMAIL: _____

NSSAR Relative's Name: _____

NSSAR Membership #: _____

SAR State/Chapter: _____

Relationship: _____

Date: _____ Amount Paid: _____

Registrar Approved: _____

LACASSAR Membership Number: _____

Date: _____

Annual Dues are \$25.00

Mail with check payable to LACASSAR to:

LACASSAR

5 Libra CT

Trabuco Canyon, CA 92679