

Ladies Auxiliary of the
Pennsylvania Society
Sons of the American Revolution
Application for Membership

Name: _____

Street Address: _____

City, State, Zip _____

Telephone _____ Cell _____

Email _____

Birthday _____

Family Member's SAR # and Chapter if applicable _____

Are you DAR? _____

Annual dues-\$10.00-you are automatically a member of the National Ladies Auxiliary

Amount paid _____

Date _____

Please make out check to the Ladies Auxiliary PASSAR

Send to the [LAPASSAR Treasurer](#)

Randi Fonseca

1426 Ship Rd

West Chester, PA 19380