



Ladies Auxiliary
of the
Louisiana Society
Sons of the American Revolution



APPLICATION FOR MEMBERSHIP

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____

E-Mail: _____

Husbands Name: _____

SAR Member: _____

NSSAR Membership #: _____

Chapter: _____

Relationship: _____

Sponsored by (Auxiliary Member) _____

Annual Dues - \$10.00

Life Member Dues - \$100.00

Amount Paid _____

Date: _____

Mail to:
Rhonda Godwin
4815 W. Shoal Creek Dr.
Lake Charles, LA 70605

Make checks payable to : Ladies Auxiliary - LASSAR