



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

**APPLICATION FOR MEMBERSHIP**

Membership Year \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Email \_\_\_\_\_

SAR Member's Name \_\_\_\_\_

NSSAR Membership # \_\_\_\_\_

SAR Chapter \_\_\_\_\_

Relationship to SAR member \_\_\_\_\_

Annual Dues - \$5.00

Life Membership - \$50.00

Amount Paid \_\_\_\_\_

**APPROVED**  
Date: \_\_\_\_\_

Checks to be made out to: **LAWASSAR**  
Send to **LAWASSAR Treasurer**  
**Brenda Shaw**  
**12007 N Waikiki Ct**  
**Spokane, WA 99218**