

# New Jersey Society Sons of the American Revolution

## APPLICATION FOR DUAL MEMBERSHIP

Name:		National Number:
Address:		
City:	State:	Zip Code:
Telephone:	Email:	

To the Secretary of the \_\_\_\_\_ Society, \_\_\_\_\_ Chapter:

I, \_\_\_\_\_, being a member of the \_\_\_\_\_  
Society, \_\_\_\_\_ Chapter of the Sons of the American Revolution, hereby request  
dual membership in the \_\_\_\_\_ Society, \_\_\_\_\_ Chapter of  
the Sons of the American Revolution. I affirm that my membership is current in my primary society and  
chapter, and that I recognize that it is my responsibility to maintain an active membership in my primary  
society and chapter, which is responsible for reporting my status to the National Society Sons of the  
American Revolution.

\_\_\_\_\_  
Compatriot's Signature

\_\_\_\_\_  
Date

**Submit this form to NJSSAR Treasurer:  
Warren Fristensky, njssartreasurer@gmail.com  
1004 Chimney Ridge Dr., Mountainside, NJ 07092**