



Application for Associate Membership

Print, fill out, mail

The..... Chapter of The New Jersey State Society

I hereby apply for Associate Membership

Name of Applicant (Print)
 Street, R.D., or PO Box

City..... State ZIP Code

Telephone Email

An Associate may be a male age 18 or older who wishes to participate in the New Jersey Society Sons of the American Revolution (the "Society" herein) Chapter and State meetings and activities and is interested in the objectives of the Society. Any male 18 years or older-regardless of race, religion, or ethnic background, is eligible for membership. To become an Associate Member, you must have the endorsement of a Compatriot Member in good standing.

Associate dues to the Society shall consist of the State dues plus dues of the Chapter to which he belongs. An Associate may apply to a Chapter of his preference; if no preference is made, the Associate will be assigned to the Elizabethtown Chapter. An Associate must pay all applicable dues to be in good standing. An Associate will be assigned a New Jersey Society Associate number but will not be a member of the National Society.

An Associate cannot hold or be elected an Officer or appointed as a Committee Chairman of the Society at the State or Chapter Level. An Associate may participate or be a member of the State or Chapter committees. An Associate will not vote at either the State or Chapter level. An Associate Member will be required to complete an Associate application as determined by the Society.

I..... the applicant, swear and certify that I have examined this completed application and its provisions, and the facts and statements herein are true and correct to the best of my knowledge and belief.

Signature of ApplicantDate.....

Sponsor (Print).....NJSSAR Member #.....

Signature of NJSSAR Sponsor.....

Mail Application and Check to:

NJSSAR
 c/o Warren Fristensky, Treasurer
 1004 Chimney Ridge Dr
 Mountainside, NJ 07092

___ State Dues
 ___ Chapter Dues
 ___ Total (**Check to "NJSSAR"**)