



Sons of Spanish American War Veterans

Application for Life Membership

I, _____ do hereby make application for Life Membership in the Sons of Spanish American War Veterans.

Date of Birth: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Email Address: _____

Ancestor's Name: _____ Relationship: _____

Company: _____ Regiment: _____ State: _____

Enlisted on: _____ Enlisted at: _____

Discharged on: _____ Discharged at: _____

Died: _____ Interment at: _____

Notes: _____

I further state that I was admitted to Membership in the Sons of Spanish American War Veterans on _____, and that I am currently a Brother of the _____
Camp No. ____; or of the Membership At Large.

Life Membership Fee

\$400 [5 to 25]

\$250 [25 to 59]

\$120 [60 and Older]

Make all Checks, or Money Orders, payable to the: "Sons of Spanish American War Veterans."

Signature

Date