



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

**All New Membership applications  
must be mailed to the Registrar:**

Kathy Markoe  
294 Blackwater Place  
Longwood, FL 32750  
407-729-6031  
daydreamr613@aol.com

*Application for Membership*

**PLEASE PRINT OUT THIS FORM and mail to Kathy Markoe.**

Date \_\_\_\_\_

Name \_\_\_\_\_

Husband's Name (if applicable) \_\_\_\_\_

Address + Zip+4 \_\_\_\_\_

Telephone + Area Code \_\_\_\_\_

Relationship to SAR Member (if applicable) \_\_\_\_\_

SAR Member's Name (if applicable) \_\_\_\_\_

FLSSAR Chapter (if applicable) \_\_\_\_\_

New Member's Email address \_\_\_\_\_

NSDAR Chapter (if applicable) \_\_\_\_\_

Application Fee	\$10.00
State Membership Pin (optional)	\$10.00
National Membership Pin (optional)	\$12.00
Postage and Handling (if ordering Pins)	\$ 7.00
Payable to: <b>LAFSSAR</b>	Total Due

For Registrar Use Only:

Date Received Membership Application \_\_\_\_\_ Check # \_\_\_\_\_

Date pins mailed to Applicant (if ordered) \_\_\_\_\_

Registrar Updated Membership Roster Date \_\_\_\_\_

Date Mailed Copy of Membership Form & Check to Treasurer \_\_\_\_\_

Date Treasurer Received Membership Form & Check \_\_\_\_\_

**May 17, 2024**