Ladies Auxiliary Florida Society
Sons of the American Revolution

Application for Membership

Name: _____ Date: _____

Address (City, State and ZIP Code): _____

Email Address: _____ Phone Number: _____

Husband's Name (if applicable) _____

Optional (if applicable) : SAR Chapter: _____

NSDAR Chapter: _____

Application Fee	$10.00	
State Membership Pin (optional)	$10.00	
National Membership Pin (optional)	$12.00	
Postage and Handling (if ordering Pins)	$ 7.00	
Total Payable to **LAFLSSAR:**		

Please indicate your interest in serving as an Auxiliary volunteer:

Board Officer: ☐ Interested ☐ Perhaps in the future ☐ Not interested or able at this time

Committee Member: ☐ Interested ☐ Perhaps in the future ☐ Not interested or able at this time

Check any areas of interest now or in the future:

Officer Positions:

☐ *President**
☐ *Vice President*
☐ *Treasurer*
☐ *Secretary*
☐ *Chaplin*
☐ *Historian*
☐ *Registrar*

* *rising position*

Other:

☐ Membership
☐ Youth Awards
☐ Fundraising
☐ Budget/Finance
☐ Communications
☐ Nominating
☐ Something else: _____

PLEASE PRINT THIS FORM and mail with dues payment to Auxiliary Registrar:

Kathy Markoe
294 Blackwater Place
Longwood, FL 32750

Contact the Registrar for questions at (407) 729-6031 or daydreamr613@aol.com

Registrar Use Only (completion dates):

Membership Application Received _____ *Check #* _____

Pin(s) mailed to Applicant (if ordered) _____ *Registrar Updated Roster* _____

Form & Check Mailed to Treasurer _____ *Treasurer Received Form & Check* _____

Revised August 2025