

# The Tennessee Society of the Sons of the American Revolution

## Application for Dual Chapter Membership

Name \_\_\_\_\_ National No. \_\_\_\_\_

Date \_\_\_\_\_

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To the Secretary of the Tennessee Society of the Sons of the American Revolution:

I, \_\_\_\_\_, being a member of the Tennessee Society of the Sons of the American Revolution, \_\_\_\_\_ Chapter, hereby request dual membership with the Tennessee Society of the Sons of the American Revolution, \_\_\_\_\_ Chapter.

I recognize that it is my responsibility to maintain my dual membership dues with the dual Chapter and that my annual dues payment only maintains my dues for my primary Chapter.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Mail this form to:

Raymond A. Clapsadle  
VP Data management, TNSSAR  
48 Redthorn Cove  
Cordova, TN 38018-7244