

DUES & REMITTANCE FORM



NATIONAL DEPT. OF SAD SACKS
 SEND THE ORIGINAL AND ONE
 COPY, WITH CHECKS, TO YOUR
 STATE DEPT.. SACKS WITH NO
 DEPT. SEND TO NATIONAL.

DATE SENT: _____

RECEIVED NAT. HQ.

SACK UNIT # _____	FULL SACK NAME: _____
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
PHONE: _____	OR _____
SADDEST	FEATHERS

CHECK # _____ IN THE AMOUNT OF \$ _____ IS ENCLOSED.
 FOR THE YEAR OF _____ DUES FOR (NUMBER OF SACK MEMBERS) _____

	LAST NAME	FIRST NAME	ADDRESS	CITY/STATE/ZIP	R	N
1.	_____	_____	_____	_____		
2.	_____	_____	_____	_____		
3.	_____	_____	_____	_____		
4.	_____	_____	_____	_____		
5.	_____	_____	_____	_____		
6.	_____	_____	_____	_____		
7.	_____	_____	_____	_____		
8.	_____	_____	_____	_____		
9.	_____	_____	_____	_____		
10.	_____	_____	_____	_____		
11.	_____	_____	_____	_____		
12.	_____	_____	_____	_____		
13.	_____	_____	_____	_____		
14.	_____	_____	_____	_____		
15.	_____	_____	_____	_____		
16.	_____	_____	_____	_____		

THE UNDERSIGNED CERTIFIES THAT THE ABOVE LISTED
 SACK MEMBERS ARE QUALIFIED MEMBERS OF AMVETS.

 SADDEST

THE UNDERSIGNED WILL RECEIVE AND PROMPTLY
 DISTRIBUTE THE SAD SACK MEMBERSHIP CARDS.

 FEATHERS

- (A) TYPE ALL INFORMATION, THIS WILL BE A PERMANENT RECORD.
- (B) ENCLOSE QUAL. FORM FOR ALL NEW SACK MEMBERS LISTED ON D&R
- (C) MAKE 2 COPIES, KEEP ONE COPY AND SEND ONE TO YOUR STATE DEPT.,
 SEND THE ORIGINAL TO NATIONAL SAD SACKS