



AMVETS Sad Sacks



DEPARTMENT CHANGE OF OFFICERS FORM

**THIS FORM MUST BE SENT TO NATIONAL SAD SACKS WITHIN
10 DAYS OF YOUR ELECTIONS OR CHANGE OF OFFICERS.**

TITLE	NAME	MAILING ADDRESS	CITY, STATE, ZIP
SADDEST			
ALMOST			
ALMOST BUT NOT QUITE			
FEATHERS			
MONEY-BAGS			
SQUIRE			
HOOSEGOW			
WORM			
CUT-UP			
NOSEYEST			
WAILER			
SOLEMNEST			
SACKER			

DEPARTMENT FEATHERS:

PRINT NAME _____ SIGNATURE _____
 ADDRESS: _____ PHONE () _____

(OVER)