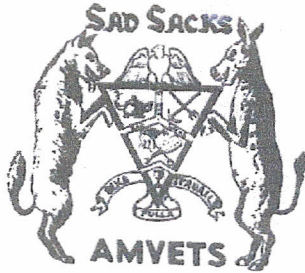


AMVETS Sad Sacks

SACK NUMBER _____
 CITY _____
 STATE / ZIP _____
 SADDEST TELEPHONE NUMBER
 AREA CODE () _____
 DATE SENT _____



**LOCAL SACK
 CHANGE OF OFFICERS FORM**

THIS FORM MUST BE SUBMITTED
 WITHIN 10 DAYS OF ANY ELECTION
 OR ANY CHANGE OF OFFICE

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

SIGNATURE _____ TITLE _____
 ADDRESS _____ PHONE () _____

(OVER)