



NATIONAL DEPT. OF SAD SACKS
PLEASE SEND THE ORIGINAL TO
NATIONAL AND A COPY TO
YOUR STATE DEPARTMENT.

DATE SENT: _____

RECEIVED NAT. HQ. _____

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

LIFE MEMBERS LIST

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

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

**PLEASE SEND A COPY TO YOUR STATE DEPT. SAD SACKS
AND A COPY TO NATIONAL SAD SACKS.**