



SONS OF SPANISH AMERICAN WAR VETERANS

Application for Membership



Type of Membership: Hereditary Membership Associate

Camp Membership. Name of Camp & Number: _____

National Membership at Large

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Email Address: _____

Nearest Relative: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: Home: (____) _____ Work: (____) _____

State whether you have made previous application for membership in the Sons of the Spanish American War Veterans, if so to what Camp or Department.

Yes No

Camp: _____ Department: _____

Signature _____

Date _____

Eligible To Membership Thru

This page is to be completed by those persons applying for Hereditary Membership in the Sons of Spanish American War Veterans. If at all possible a photocopy of your ancestors Spanish American War, Philippine Insurrection, or China Relief Military Service or Pension record should be included with this application.

Relationship: _____

Name: _____ Rank: _____

Company: _____ Regiment: _____ State: _____

Enlisted on: _____ Enlisted at: _____

Discharged on: _____ Discharged at: _____

Died: _____ Interment at: _____

Notes: _____

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Lineage

1. I am the Son of: _____
2. Who was the Son/Daughter/Sister/Brother of: _____
3. Who was the Son/Daughter/Sister/Brother of: _____
4. Who was the Son/Daughter/Sister/Brother of: _____
5. Who was the Son/Daughter/Sister/Brother of: _____
6. Who was the Son/Daughter/Sister/Brother of: _____
7. Who was the Son/Daughter/Sister/Brother of: _____
8. Who was the Son/Daughter/Sister/Brother of: _____
9. Who was the Son/Daughter/Sister/Brother of: _____

Any additional information regarding your Ancestor, including but not limited to his affiliation with the United Spanish War Veterans, other affiliated Groups, and other post-war Veterans Organizations, may be attached to this application as well.