

DUES & REMITTANCE FORM

DATE SENT: _____

RECEIVED NAT. HQ. _____



STATE DEPT. OF SAD SACKS
TIM TUTTLE
SAD SACKS STATE. ADM. DIR.
314 E. BERKLEY AVE.
MUNCIE, IN. 47303-1214

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

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.	_____	_____	_____	_____	_____	_____

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 QL. FORM FOR ALL NEW SACK MEMBERS LISTED ON D&R.
- (C) MAKE 3 COPIES, SEND ONE TO NAT. ONE TO STATE AND KEEP ONE.