



NATIONAL DEPARTMENT OF SAD SACKS
QUALIFICATION FORM

TO BE COMPLETED BY EACH NEW SACK CANDIDATE

DATE SENT _____ DATE REC. AT NATIONAL _____

NAME _____

ADDRESS _____

WHEN DID YOU BECOME AN AMVET? _____

WHAT AMVET POST ARE YOU PRESENTLY A MEMBER _____

WHAT AMVET OFFICES HAVE YOU HELD? _____

HOW MANY AMVET MEMBERS HAVE YOU SPONSORED THIS YEAR? _____

HAVE YOU RENDERED MERITORIOUS SERVICE TO AMVETS? YES: _____ NO: _____

THE ABOVE YARDBIRD IS SPONSORED BY: _____

WHO IS A SAD SACK IN GOOD STANDING OF SACK _____

I CERTIFY THAT I HAVE SEEN THE CURRENT PAID UP AMVETS MEMBERSHIP CARD OF THE YARDBIRD.
HE/SHE OTHERWISE QUALIFIES FOR THE HONOR OF BECOMING AN ACTIVE SAD SACK

SACK # _____ DEPT. _____ SADDEST SIGNATURE _____

THE ABOVE YARDBIRD HAS BEEN FOUND TO HAVE THE NECESSARY QUALIFICATIONS
ACCORDING TO THE COMMITTEE.

DATE OF ACCEPTANCE BY UNIT: _____

SIGNATURE OF **SADDEST** OR FEATHERS: _____

NOTE:

1. TYPE ALL INFORMATION.
2. THIS FORM MUST BE ACCOMPANIED BY THE DUES OF THE NEW MEMBER.
3. (A) MAKE OUT IN TRIPLICATE. SEND ORIGINAL TO NAT. DEPT. OF SAD SACKS.
SEND COPY TO YOUR STATE DEPT. SAD SACKS. (IF YOU HAVE ONE.)
(C) RETAIN A COPY FOR YOUR UNIT FILES.