



Camp: 1<sup>st</sup> Florida No.: 171

# Sons of Spanish-American War Veterans



A Patriot Organization Chartered 1937 – Successor to  
The United Spanish War Veterans, Inc.

## Application for Membership

Type of Membership:  Full Membership  Associate  Junior

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

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Nearest Relative: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

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## Eligible Thru

Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Rank: \_\_\_\_\_  
Company: \_\_\_\_\_ Regiment: \_\_\_\_\_ State: \_\_\_\_\_  
Enlisted on: \_\_\_\_\_ Enlisted at: \_\_\_\_\_  
Discharged on: \_\_\_\_\_ Discharged at: \_\_\_\_\_  
Died: \_\_\_\_\_ Interment at: \_\_\_\_\_  
Documentation attached as to Military Service: \_\_\_\_\_  
Notes: \_\_\_\_\_



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## Application - Continued

I understand that the initiation fee is Ten Dollars (\$10.00) and that the present Annual dues are Seven Dollars (\$7.00). Please make check payable to SSAWV.

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 was your previous application?

Yes       No

Camp: \_\_\_\_\_ Department: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Oath of Membership

"I \_\_\_\_\_, in the presence of the members here assembled, do voluntarily and solemnly pledge myself, to be faithful to all the duties of citizenship, to be obedient to the laws of the land and to abide by the Rules and Regulations of the Order and the By-Laws of this Organization. I furthermore promise that I will not wrong this Organization or any member thereof, nor permit another to do the same if in my power to prevent it.

To the best of my ability, I will actively promote the principles and objectives of the Sons of Spanish-American War Veterans.

To the faithful performance of all which I pledge my sacred honor. So help me God."

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please Mail Application & Dues to:**  
Dr. Donald Richardson, President 1<sup>st</sup> Florida Camp  
2596 Senator Way, Melbourne, FL 32901  
(Email Address: drichard@fit.edu, phone number (321) 373-4307)