### 12.06F SAR APPLICATION PROCEDURE AND RECORD (TRANSMITTAL FORM)

### *ONE OF THESE FORMS IS REQUIRED IN EVERY ENVELOPE MAILED TO THE STATE REGISTRAR*

Only submit one TYPE of application in an envelope (i.e. REGULAR, SUPPLEMENT, JUNIOR, FAMILY (with multiple applications and one set of documentation), JUNIOR, or MEMORIAL). Every application in a Family package does not require a separate copy of this form in the same envelope unless family members are applying through different chapters requiring separate routing of this transmittal.

**ALL AMOUNTS EXCLUDE CHAPTER DUES**

Regular Applications: $163 Family Applications: $163 for first, $103 others Supplemental Applications: $110 Family Supplementals: $110 for first, $40 for others

Junior Member: <18 new lineage\*: $120; using SAR or DAR Record Copy $60, Active C.A.R. $20. CAR –> SAR age 18-22: $53 Memorial: $145

*\*Must be son, grandson, brother, nephew, or grandnephew of an SAR, DAR, or SR active member.*

SPONSOR and/or APPLICANT COMPLETES ALL ITEMS IN BOX

**CHECK TYPE OF APPLICATION**

**Place only One Type Application in One Envelope to separate Types of Applications**

**For mailing purposes, you can put separate envelopes of different Types of Applications in a larger envelope or box**

**Start here, then tab to next field:** Click on Field to select type of application:

APPLICANT: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** CHAPTER: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Additional Family Plan Applicants) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant’s Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_** **\_\_\_\_\_\_\_\_\_\_**

 *Street, PO Box, Etc City ST Zip*

Applicant’s TELEPHONE: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Applicant’s EMAIL: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sponsor’s TELEPHONE: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Sponsor’s EMAIL: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Sponsor’s NAME: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Sponsor’s ADDRESS **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_** **\_\_\_\_\_\_\_\_\_\_** DATE SUBMITTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *City ST Zip*

**SPONSOR, or APPLICANT for supplements, must complete and date these items before mailing to the state**: **DATE & INITIAL**

Sponsor or Applicant has reviewed documentation, marked in **RED** (**no yellow highlighting**)………….……………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sponsor and Applicant certifies that the application is FULLY complete in the manner specified in the 12 01 2 NSSAR Application Prep Manual Feb 2021

 Entire Application Package may be returned if incomplete.

2 applications per applicant on SAR Watermarked Forms are included in the package …………….………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regular applications SIGNED & DATED **by APPLICANT, SPONSOR, & CO-SPONSOR w/National Numbers included**……… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplemental application SIGNED & DATED **by APPLICANT with his National and GA SAR numbers printed on FRONT**

DAR Finder Report completed for Regular or Junior Applications If Applicable (**Source Book Sec. 12.08.1F**) ……..…….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check for the correct amount included and paper clipped to the top of this form……….……………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Dues and Application Fees are listed in Source Book 12.07.1**

**STATE REGISTRAR**: **Application Package Received from Chapter**……………………………………………..………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN ENTIRE PACKAGE TO CHAPTER OR APPLICANT IF APPLICATION, DOCUMENTATION or CHECK IS INCOMPLETE OR INCORRECT………..** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Application Package Approved, Signed and FORWARDED to State Secretary**……………...\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATE SECRETARY**: **Application Package Received from Registrar** ……………………………………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Forward National Transmittal & Chapter Check to State Treasurer**……………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Check Received From State Treasurer** …………..………………………………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Mail Application with GASSAR check to National Society**……………………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Certificate received, signed and mailed** …………………………………………..…………..……. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(State President Receives Certificates That Are Not Supplements and Require His Signature)

**STATE PRESIDENT**: **Membership Certificate received**……………………………………………………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Certificate signed and mailed with this form to Chapter President**…………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **WELCOME LETTER** mailed to new member from **Georgia Society President**………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Send Applications to State Registrar North or South***

Dennis K. McIntire, Ph. D,Registrar North 113 Puckett Creek Dr. Canton, GA 30114 {770} 712-8440 Dkm42745@gmail.com

J. Steven Hinson, Sr, Registrar South 128 Deerfield Drive Brunswick, GA  31525 (912)-258-2033, stevenhinson61@gmail.com

Registrar’s Coverage areas can be found in the Source Book Sec.12.06.1
12.06F Revised July 2021