



SERBIAN NATIONAL DEFENSE COUNCIL OF AMERICA



MEMBERSHIP APPLICATION

Name: _____ Date: ___ / ___ / _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ - _____

Phone: () _____ - _____ Fax: () _____ - _____ E-mail: _____

Date of Birth: ___ / ___ / _____ Place of Birth: _____

I am seeking:

- Membership in the Serbian National Defense Council of America (SND) Local Chapter in _____, which qualifies me to hold any local and/or national SND positions.
- At-Large Membership, which limits my ability to hold certain national SND positions.

- I am aware of the purposes and aims of the SND, understand its by-laws, and accept all the duties and responsibilities of membership.
- I do not ascribe to any communist, fascist or any other totalitarian ideology and do not belong to any organization which espouses such ideologies.
- I will defend the Constitution of the United States and the interest of Serbian people, and am committed to assisting the never-ending battles for liberty and against all forms of totalitarianism.

Signature: _____ (Annual membership dues \$25.00)

My application for membership was recommended by:

1) _____
(Name, Address, Phone)

2) _____
(Name, Address, Phone)

----- ***For Local Chapter Official Use Only*** -----

DECISION

Local Chapter of SND in _____ held a meeting on ___ / ___ / _____ when decision has been made to grant (not grant) applicant _____ status of its member.

Rejected applicant has a right to appeal to the Central Board of Serbian National Defense Council of America within 30 days of received decision (address of the Central Board: 5782 North Elston Ave., Chicago IL 60646-5546).

Local Chapter Secretary, _____ Local Chapter President, _____