

**SONS OF LIBERTY PATRIOT MEMBERSHIP APPLICATION**

1. **SONS OF LIBERTY PEN NAME** (This Patriotic Handle will appear on the backside of your Membership Card):

New Member:

Renewal:

2. **DATE OF BIRTH** (Your DOB will appear on backside of your Membership Card as part of your ID Number & MUST match the date found on your valid Driver's License or Military ID.)

3. **ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **COUNTY:** \_\_\_\_\_

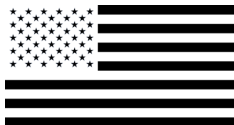
4. **PHONE NUMBER:** \_\_\_\_\_

5. **EMAIL ADDRESS (PRIMARY COMMUNICATION):** \_\_\_\_\_

6. **PAYMENT:** Check or Money Order accepted by Mail. **No Cash via Mail.**

**PATRIOT PRICE:** (Lockdown Discounted Rate - \$25 Value) **\$20 for 12 Month Membership.** The Membership Card will list the Expiration Date.

**HERO PRICE** (Military/LEO/Firefighter/EMT/ER Nurse): **\$10 for 12 Month Membership.** Must Include Photocopy of Valid Service ID (Front & Back) or DD-214 to receive Service Discount.



Please make your Check or Money Order payable to:

**SONS OF LIBERTY LLC**

**PLEASE SEND YOUR COMPLETED APPLICATION AND CHECK/MONEY ORDER TO:**

*Sons of Liberty*  
*P.O. Box 653*  
*Sparta, NJ 07871*

**ONCE RECEIVED, YOUR SOL MEMBERSHIP CARD WILL ARRIVE AT YOUR ADDRESS IN APPROXIMATELY 2-4 WEEKS.**

**SMALL TOWN AMERICA STRIKES BACK**