

FOR HEADQUARTER'S USE ONLY:

DATE RECEIVED

NATIONAL LIFE NUMBER

APPLICATION FOR ENROLLMENT IN THE NSSAR NATIONAL LIFE MEMBERSHIP PLAN

I, _____, age _____ years, a currently active member of the _____ State Society, National Number _____, State Society Number _____, hereby apply for enrollment in the NSSAR National Life Membership Plan. My check in the amount of \$ _____, based on the chart below and made payable to "Treasurer General, NSSAR," is attached. *I acknowledge that I am responsible for maintaining my annual State Society and Chapter dues, which are not included in the National Life Membership Plan.*

_____/_____/_____
Name of Applicant (type or print) Date of Birth

Street Address

City, State, and Zip Code

Signature of Applicant Date Signed

We hereby acknowledge receipt of the foregoing Compatriot's application for enrollment in the NSSAR National Life Membership Program and approve same.

Signature of State Secretary State Society Date Signed

NSSAR NATIONAL LIFE MEMBERSHIP DUES

In accordance with a motion made and passed by the Executive Committee in August, 2009, the following rates for National Life Membership were established per the following chart. **In order to apply, the applicant must be a currently active member, and this application must be submitted to his (primary) State Society for forwarding to NSSAR Headquarters.**

Age = \$ Cost	Age = \$ Cost	Age = \$ Cost	Age = \$ Cost	Age = \$ Cost	Age = \$ Cost	Age = \$ Cost
18 - 40 = 900	41 = 885	51 = 735	61 = 585	71 = 435	81 = 285	91 = 135
	42 = 870	52 = 720	62 = 570	72 = 420	82 = 270	92 = 120
	43 = 855	53 = 705	63 = 555	73 = 405	83 = 255	93 = 105
	44 = 840	54 = 690	64 = 540	74 = 390	84 = 240	94 = 90
	45 = 825	55 = 675	65 = 525	75 = 375	85 = 225	95 = 75
	46 = 810	56 = 660	66 = 510	76 = 360	86 = 210	96 = 60
	47 = 795	57 = 645	67 = 495	77 = 345	87 = 195	97 = 45
	48 = 780	58 = 630	68 = 480	78 = 330	88 = 180	98 = 30
	49 = 765	59 = 615	69 = 465	79 = 315	89 = 165	99 = 15
	50 = 750	60 = 600	70 = 450	80 = 300	90 = 150	100+ = 0

FOR HEADQUARTER'S USE ONLY:

**Enrollment
Approved:**

Signature of NSSAR Registrar

Date Signed