

APPLICATION FOR ENROLLMENT IN THE ALSSAR STATE LIFE MEMBERSHIP PLAN

Date Received:

Name of Applicant:		NSSAR Number:	
Address:		Date of Birth:	
City:	State:	Zip Code:	
Telephone:	Email:		

I, _____ (Full Name) , age _____ years, a currently active member of the _____ (or at large) chapter, hereby apply for enrollment in the ALSSAR State Life Membership Plan. My check in the amount of \$ _____, based upon the chart below and made payable to the "ALSSAR," is attached. I acknowledge that I am responsible for maintaining my National Society and Chapter dues, which are not included in the State Life Membership Plan. I understand that in order to apply, the applicant must be a current active member of Sons of the American Revolution.

ALSSAR State Life Membership Dues

In accordance with a motion made and passed by the ALSSAR Convention in February 2022, the following rates for the State Life Membership Program were established.

Age = \$Cost	Age = \$Cost	Age = \$Cost	Age = \$Cost	Age = \$Cost
Up to 40 = \$500	50 = \$400	60 = \$300	70 = \$200	80 = \$100
41 = \$490	51 = \$390	61 = \$290	71 = \$190	81 = \$ 90
42 = \$480	52 = \$380	62 = \$280	72 = \$180	82 = \$ 80
43 = \$470	53 = \$370	63 = \$270	73 = \$170	83 = \$ 70
44 = \$460	54 = \$360	64 = \$260	74 = \$160	84 = \$ 60
45 = \$450	55 = \$350	65 = \$250	75 = \$150	85 = \$ 50
46 = \$440	56 = \$340	66 = \$240	76 = \$140	86 = \$ 40
47 = \$430	57 = \$330	67 = \$230	77 = \$130	87 = \$ 30
48 = \$420	58 = \$320	68 = \$220	78 = \$120	88 = \$ 20
49 = \$410	59 = \$310	69 = \$210	79 = \$110	89 up = \$0

I have verified the Compatriot's application for enrollment in the ALSSAR State Life Membership Plan and approve the same.

Headquarters use only:	Signature of ALSSAR Secretary:	Date:
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