

# APPLICATION FOR ENROLLMENT IN THE ALSSAR STATE LIFE MEMBERSHIP PLAN - 2024

Date Received:

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

I, \_\_\_\_\_ (Full Name) , age \_\_\_\_\_ years, a current 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 2024, the following rates for the State Life Membership Program were established.

Age = \$Cost	Age = \$Cost	Age = \$Cost	Age = \$Cost	Age = \$Cost
Up to 40 = \$700	50 = \$550	60 = \$400	70 = \$240	80 = \$80
41 = \$685	51 = \$535	61 = \$385	71 = \$225	81 = \$65
42 = \$670	52 = \$520	62 = \$370	72 = \$210	82 = \$50
43 = \$655	53 = \$505	63 = \$355	73 = \$195	83 = \$35
44 = \$640	54 = \$490	64 = \$340	74 = \$170	84 = \$20
45 = \$625	55 = \$475	65 = \$325	75 = \$155	85 = \$5
46 = \$610	56 = \$460	66 = \$310	76 = \$140	86 up = \$0
47 = \$595	57 = \$445	67 = \$295	77 = \$125	
48 = \$580	58 = \$430	68 = \$270	78 = \$110	
49 = \$565	59 = \$415	69 = \$255	79 = \$95	

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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