

**APPLICATION FOR ENROLLMENT IN THE
ARSSAR LIFE MEMBERSHIP PLAN
SUBMIT TO THE STATE SECRETARY**

For Headquarters use only:
Date Received:

Name of Applicant:		National Number:	National Life Member Number:
Address:			Date of Birth:
City:		State:	Zip Code:
Telephone:	Email:		

I am age _____ years, am currently active member of the Arkansas Society Sons of the American Revolution, State Society Number _____, Chapter Name: _____ . I do hereby apply for enrollment in the ARSSAR Life Membership Plan. My check in the amount of \$ _____, based upon the chart below and made payable to the "Arkansas Society Sons of the American Revolution" is attached. I acknowledge that I am a NSSAR Life Member. ***I acknowledge that I am responsible for maintaining my Chapter dues, which are not included in the National Life Membership Plan.***

Signature of Applicant:	Date of Signature:
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We hereby acknowledge receipt of the foregoing Compatriot's application for enrollment in the ARSSAR Life Membership Program and approve same.

Signature of State Secretary:	State Society:	Date of Signature:
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