

## APPLICATION FOR ENROLLMENT IN THE MASSAR LIFE MEMBERSHIP PLAN

I \_\_\_\_\_,  
 age \_\_\_\_\_ years, (DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_)  
 am a currently active member in good standing with the Massachusetts State Society, Sons of the  
 American Revolution, National Number \_\_\_\_\_, State Society Number \_\_\_\_\_, do  
 hereby apply for enrollment in the Massachusetts Life Membership Plan. My check in the  
 amount of \$500.00<sup>[1]</sup> payable to "MASSAR Society," is attached. I acknowledge that I am  
 responsible for maintaining my annual National Society and Chapter<sup>[2]</sup> dues, which are not  
 included in the MASSAR Life Membership Plan.

Name	Date of Birth
Street Address	
City, State, Zip	
Signature	Date signed

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

\_\_\_\_\_  
 Signature of State Secretary

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date approved

<sup>1</sup> The currently established life membership rate

<sup>2</sup> Unless otherwise a National Life member with an assigned National Life Membership number, or chapter life member.