

**APPLICATION FOR ENROLLMENT
KANSAS SOCIETY SONS OF THE AMERICAN REVOLUTION
LIFE MEMBERSHIP PLAN**

I, _____, a member of the National Society, Sons of the American Revolution and the Kansas Society, Sons of the American Revolution, hereby apply for enrollment in the KSSAR LIFE MEMBERSHIP PLAN. My check in the amount of \$_____, as required is attached.

Date of birth: _____

National Number: _____

State Number: _____

Signature of Applicant: _____

Date: _____

Membership Secretary: _____

Date: _____

LIFE MEMBERSHIP FEE TABLE

Age	Fee	Age	Fee	Age	Fee	Age	Fee
18	\$150	39	\$150	60	\$100	81	\$47.50
19	\$150	40	\$150	61	\$97.50	82	\$45
20	\$150	41	\$147.50	62	\$95	83	\$42.50
21	\$150	42	\$145	63	\$92.50	84	\$40
22	\$150	43	\$142.50	64	\$90	85	\$37.50
23	\$150	44	\$140	65	\$87.50	86	\$35
24	\$150	45	\$137.50	66	\$85	87	\$32.50
25	\$150	46	\$135	67	\$82.50	88	\$30
26	\$150	47	\$132.50	68	\$80	89	\$27.50
27	\$150	48	\$130	69	\$77.50	90	\$25
28	\$150	49	\$127.50	70	\$75	91	\$22.50
29	\$150	50	\$125	71	\$72.50	92	\$20
30	\$150	51	\$122.50	72	\$70	93	\$17.50
31	\$150	52	\$120	73	\$67.50	94	\$15
32	\$150	53	\$117.50	74	\$65	95	\$12.50
33	\$150	54	\$115	75	\$62.50	96	\$10
34	\$150	55	\$112.50	76	\$60	97	\$7.50
35	\$150	56	\$110	77	\$57.50	98	\$5
36	\$150	57	\$107.50	78	\$55	99	\$2.50
37	\$150	58	\$105	79	\$52.50	100	\$0
38	\$150	59	\$102.50	80	\$50	100+	\$0

NOTE: The KSSAR Life Membership Plan only pays for State dues in the Kansas Society. If enrolled before Dec. 15th, the Plan pays for State dues beginning in the following year. In order to enroll in the KSSAR Life Membership Plan, one must already be a NSSAR Life Member, or purchase a NSSAR Life Membership at the same time.