



Missouri Society
Sons of the American Revolution

**APPLICATION FOR LIFE MEMBERSHIP
IN THE MISSOURI SOCIETY**

To: MOSSAR REGISTRAR

Name: _____ Date of Birth: _____

Address: _____

Chapter: _____

NSSAR Member Number: _____ MOSSAR Member Number: _____

I hereby apply for enrollment in the Life Membership Program of the Missouri Society, Sons of the American Revolution.

I am currently enrolled as a Life Member in the National Society, Sons of the American Revolution.

Enclosed is payment in the amount of _____ to the MOSSAR Treasurer as specified for a member of my age.

Signature: _____ Date : _____

MOSSAR LIFE MEMBERSHIP FEE SCHEDULE

AGE									
18 - 40	540.00	52	432.00	65	315.00	78	198.00	91	81.00
41	531.00	53	423.00	66	306.00	79	189.00	92	72.00
42	522.00	54	414.00	67	297.00	80	180.00	93	63.00
43	513.00	55	405.00	68	288.00	81	171.00	94	54.00
44	504.00	56	396.00	69	279.00	82	162.00	95	45.00
45	495.00	57	387.00	70	270.00	83	153.00	96	36.00
46	486.00	58	378.00	71	261.00	84	144.00	97	27.00
47	477.00	59	369.00	72	252.00	85	135.00	98	18.00
48	468.00	60	360.00	73	243.00	86	126.00	99	9.00
49	459.00	61	351.00	74	234.00	87	117.00	100+	0.00
50	450.00	62	342.00	75	225.00	88	108.00		
51	441.00	63	333.00	76	216.00	89	99.00		
		64	324.00	77	207.00	90	90.00		

For MOSSAR REGISTRAR Use:

Age & Payment Verified _____

MOSSAR Life Number _____

After completing the LIFE MEMBERSHIP application form; mail it with your check to:

MO SSAR Treasurer
John Bedell
17888 Westhampton Woods Drive
Wildwood, MO 63005-6326