

FOR SOUTH CAROLINA SOCIETY  
SAR USE ONLY:

DATE RECEIVED

NATIONAL LIFE NUMBER

STATE NUMBER

## APPLICATION FOR ENROLLMENT IN THE SOUTH CAROLINA SOCIETY SAR LIFE MEMBERSHIP PLAN

I, \_\_\_\_\_, age \_\_\_\_\_ years, a currently active member of the \_\_\_\_\_ Chapter, National Number \_\_\_\_\_, State Society Number \_\_\_\_\_, hereby apply for enrollment in the SCSSAR Life Membership Plan My check in the amount of \$ \_\_\_\_\_, based on the chart below and made payable to "Treasurer, SCSSAR," is attached. *I acknowledge that I am responsible for maintaining my annual Chapter dues, which are not included in the National Life Membership Plan or the SCSSAR Life Membership Plan.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of Applicant (type or print) Date of Birth

Street Address

City, State, and Zip Code

Signature of Applicant

Date Signed

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

Signature of SCSSAR Secretary

Date Signed

### SCSSAR LIFE MEMBERSHIP DUES

In accordance with a motion made and passed by the SCSSAR Board of Governors in January, 2014, the following rates for SCSSAR Life Membership were established per the following chart. **In order to apply, the applicant must be a currently active member, and his application for NSSAR National Life Membership must already be approved or be submitted to the State Society for forwarding to NSSAR Headquarters.**

Age = \$ Cost	Age = \$ Cost	Age = \$ Cost	Age = \$ Cost	Age = \$ Cost	Age = \$ Cost
0- 40 = 500	41 = 490	51 = 390	61 = 290	71 = 190	81 = 90
	42 = 480	52 = 380	62 = 280	72 = 180	82 = 80
	43 = 470	53 = 370	63 = 270	73 = 170	83 = 70
	44 = 460	54 = 360	64 = 260	74 = 160	84 = 60
	45 = 450	55 = 350	65 = 250	75 = 110	85 = 50
	46 = 440	56 = 340	66 = 240	76 = 140	86 = 40
	47 = 430	57 = 330	67 = 230	77 = 130	87 = 30
	48 = 420	58 = 320	68 = 220	78 = 120	88 = 20
	49 = 410	59 = 310	69 = 210	79 = 110	89 = 10
	50 = 400	60 = 300	70 = 200	80 = 100	90+ = 0

FOR SCSSAR USE ONLY:

Enrollment

Approved:

Signature of SCSSAR Secretary

Date Signed