

Polish Legion of American Veterans, U.S.A.



NATIONAL DEPARTMENT LIFE MEMBERSHIP PROGRAM

M-900

All requests for copies of this Application for National Life Membership must be submitted to the National Adjutant or downloaded from our website www.plav.org.

Any person who holds Active Membership, State or Post Active Life Membership in good standing with the Polish Legion of American Veterans, U.S.A. may become a National Department Life Member upon submission of (1) National Department Life Membership Application, (2) copy of their Honorable Discharge or Separation from Service, (3) Proof of Age (birth certificate, discharge papers, driver's license or other acceptable proof and (4) Life Membership Fee.

A member in good standing as a National Department or State Department Members-at-Large may become a National Department Life Member by submission of the items in the previous paragraph to the National Department Membership Director or State Department Finance Officer in case of being a State Department Member-at-Large.

Any person otherwise eligible for membership but not previously a member may become a National Department Life Member after election to membership to a local Post or as a National or State Department Member-at-Large.

A former member otherwise eligible for reinstatement may become a National Department Life Member after reinstatement to membership to a local Post or as a Member-at-Large of the National or State Department.

National Department Life membership Fees shall be charged in accordance with the fee schedule as established by the Life Membership Committee and approved by the National Executive Committee:

ATTAINED AGE	LIFE MEMBERSHIP FEE	ATTAINED AGE	LIFE MEMBERSHIP FEE
Through 25	\$555.00	51 – 55	\$376.00
26 – 30	\$534.00	56 – 60	\$332.00
31 – 35	\$510.00	61 – 65	\$287.00
36 – 40	\$482.00	66 – 70	\$241.00
41 – 45	\$451.00	71 -- 75	\$198.00
46 – 50	\$415.00	76 and over	\$158.00

Any applicant whose 26th, 31st, 36th, 41st, 46th, 51st, 56th, 61st, 66th, 71st or 76th birthday will occur after the date of application and on or before December 31 of the current year shall pay the fee that would be required on his next birthday.

Upon receipt of the required fee, the Post Finance Officer shall immediately forward payment together with the Life Membership Application, copy of Discharge and Proof of Age of the individual through the Department Finance Officer to the National Membership Director. The National Membership Director shall deposit all sums received for Life Membership with the National Treasurer in a Special Fund called the National Department Life Membership Fund and shall issue a suitable National Membership Card and Pin.

A National Department Life Member shall not be subject to further membership dues levies of any kind and shall have all the benefits and privileges of Post, State Department and National Department Membership as long as he or she shall live, provided however, a Life Member who shall subsequently be found ineligible for membership shall forfeit their Life Membership in which case no refund of fees will be paid. A member who shall be discharged from the organization by reason of disciplinary action shall forfeit his or her Life Membership. In such event, no refund of fees paid will be made.

Death of a Life member following the issuance of the checks paying his or her per capita tax for the next calendar year to National Headquarters, their Department Headquarters and Post, shall not be a cause for a refund of said per capita tax to the National Department Life Membership Fund for that year.

National Department Life Members Transferees must obtain approval from the Post and State Department that they are leaving and also the Post and State Department they are entering.



**POLISH LEGION OF AMERICAN VETERANS, U.S.A.
NATIONAL DEPARTMENT**

APPLICATION FOR NATIONAL LIFE MEMBERSHIP

DATE _____

_____ Member of _____
Name Post Name

Post _____, Department of _____. Hereby make application for
National Life Membership.

**APPLICANT'S NAME AND ADDRESS
(PRINT CLEARLY)**

NAME _____

ADDRESS _____

CITY-STATE-ZIP _____

TELEPHONE _____

E-MAIL _____

APPLICANT'S SIGNATURE

In signing the application, the applicant agrees to

1. In the event the applicant's Post ceased to exist, the applicant agrees to accept a transfer designated by the National Department.
2. If the applicant has a change of address, He or she must notify the Post Finance Officer,

I do here by certify this individual is a member in good standing with the Polish Legion of American Veterans, U.S.A.

POST FINANCIAL OFFICER

STATE FINANCIAL OFFICER

FOR NATIONAL DEPARTMENT USE

Life Membership Amount: _____

Age verification, current year _____

Date of Birth _____ Age _____