



## Pennsylvania Society

### Chapter Life Membership Application

In accordance with PASSAR Bylaw 9.02-e as amended 5/2/2009

Mail this form along with a check for the appropriate amount, made payable to your chapter, to the Chapter Treasurer. The Chapter Treasurer will then send this form to the PASSAR Secretary to record the Chapter Life Membership.

Date: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Age: \_\_\_\_\_ National #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

I hereby apply for enrollment in the \_\_\_\_\_ Chapter Life Membership Plan. My check made payable to the chapter in the amount of \$\_\_\_\_\_ is enclosed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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The compatriot listed above has paid the necessary dues and is recommended for Life Membership in the \_\_\_\_\_ Chapter

\_\_\_\_\_  
Chapter Treasurer

\_\_\_\_\_  
Date

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The compatriot listed above is approved for Life Membership in the chapter listed above

\_\_\_\_\_  
PASSAR Secretary

\_\_\_\_\_  
Date

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