



**THE AMERICAN LEGION NATIONAL HEADQUARTERS
APPLICATION FOR PAID-UP-FOR-LIFE (PUFL) MEMBERSHIP
(Please print clearly and review instructions carefully.)**



APPLICANT'S NAME _____ MEMBER ID # _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NO. (_____) _____ DATE OF BIRTH _____ TOTAL PUFL FEE \$ _____
(Mo./Day/Year) (Multiply monthly payment by 36.)

BRANCH OF SERVICE (check only one): US Army US Navy US Marines US Air Force US Coast Guard

SIGNATURE OF APPLICANT (required): _____
(Applicant's signature may be omitted only if PUFL is to be given as a gift. If card is to be mailed to another address, enter below.)

Full Payment Enclosed **OR** Time Payment Agreement Completed – Requires one month's deposit. See Agreement instructions.

PAYMENT IS MADE BY THE FOLLOWING METHOD (do not send cash):

Check or Money Order (*Made payable to The American Legion*) Check or money order number _____

Charge to MasterCard, Visa, Discover or American Express.

Charge full PUFL fee Charge deposit only Charge deposit and all monthly payments

(Credit Card Number)

(Expiration Date)

Date _____ Signature of card holder required, if different from applicant _____

IF GIFT, MAIL CARD TO:

Check here if PUFL is being awarded by Post (Honorary Life)

Name _____ Mbr ID # (If applicable): _____

Mailing Address _____

City _____ State _____ Zip _____

THIS SECTION MUST BE COMPLETED BY THE POST ADJUTANT OR FINANCE OFFICER

1. *By signature below*, I certify that the PUFL applicant named above is a member in good standing and holds a valid membership card. Annual dues were last paid for the _____ membership year and were paid to Post # _____ in the Department of _____.

2. **Check one:**

Member is applying at a PUFL fee based on our annual Post dues rate of \$ _____.

With Post approval, this member is applying at a PUFL fee based on the **reduced Post dues rate** of \$ _____.

3. *If applicable*, this member is transferring from the above Post to (new) Post # _____ in the Department of _____.

Signature of Post Adjutant or Finance Officer

Dept/Post #

Date Processed By Post

FORWARD APPLICATION WITH PAYMENT TO DEPARTMENT HEADQUARTERS. (RETAIN A COPY FOR POST RECORDS.)

Application approved by Department Headquarters. _____

Signature of Authorized Department Officer

Date

THIS SECTION TO BE COMPLETED BY NATIONAL HEADQUARTERS

Check/M.O. from:

Member National Per Capita _____

Post Dept Per Capita _____

Dept. Post Per Capita _____

Date Received at National: _____

MAKE COPY OF APPLICATION FOR INDIVIDUAL'S RECORD