



**THE AMERICAN LEGION NATIONAL HEADQUARTERS
APPLICATION FOR PAID-UP-FOR-LIFE (PUFL) MEMBERSHIP
(Please type or print)**



APPLICANT'S NAME _____ MEMBER ID # _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NO. [_____] _____ DATE OF BIRTH _____ TOTAL PUFL FEE \$ _____
(Mo./Day/Year) (See Chart on Reverse)

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

Full Payment Enclosed **OR** Time Payment Enclosed – Requires minimum payment of **10% OF TOTAL** as down payment.

PAYMENT IS MADE BY THE FOLLOWING METHOD:

Check or Money Order (Made payable to The American Legion) **DO NOT SEND CASH.**

Please provide check or money order number _____

Charge to MasterCard, Visa, Discover or American Express

_____ (Credit Card Number) _____ (Expiration Date)

Date _____ Signature of Applicant _____

Applicant's signature may be omitted if PUFL is to be given as a gift. If card is to be mailed to another address, enter below.

IF GIFT, MAIL CARD TO:

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*

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

THIS SECTION TO BE COMPLETED BY NATIONAL HEADQUARTERS

- Member National Per Capita _____
- Post Dept Per Capita _____
- Dept. Post Per Capita _____

Date Received at National: _____

PFLN

FORM #32-090 (October 2003)

^ DETACH HERE ^

APPLICANT'S RECEIPT:

_____ \$ _____ _____
Name of Applicant *Payment Received* *Date Processed By Post*

The member named above has applied for a Paid-Up-For-Life membership. The application has been certified by the Post and sent to the Department Headquarters with the payment noted above. After Department approval, it will be forwarded to National Headquarters for final processing. National will issue a permanent membership card in recognition of your status as a PUFL member of The American Legion.

THANK YOU FOR YOUR SUPPORT!!

Signature of Post Adjutant or Finance Officer