

**Sons of The American Legion
 Detachment of Kansas
 Kansas S.A.L. Life Membership Plan**

- 1) This plan shall become available commencing with the 2002 membership year, beginning July 1, 2001. The Detachment Finance Committee shall be authorized to change the Kansas SAL Life Membership Plan subject to the approval of the Department Executive Committee.
- 2) The entire amount of the Kansas SAL Life Membership must accompany this application to Detachment Headquarters. (If current dues have been paid, a credit memo will be issued to the Member's Squadron). There will be no refunds to any individual or heirs of any members who participates in the Kansas Life Membership Plan. The fee charged for participation in the Kansas Life Membership Plan will be based on the Squadrons annual ADULT dues.*
- 3) Any increase in Squadron, Detachment, or National dues must be absorbed or paid by the member or Squadron at the discretion of the Detachment Executive Committee and approval of the American Legion Department Executive Committee.
- 4) An engraved metal Kansas SAL Life Membership card can be obtained from Detachment Headquarters for \$16.00 or current cost. Replacement cards are available from Detachment at cost. Squadrons are to issue Kansas SAL Life Member participants an annual membership card each year.
- 5) A Kansas SAL Life Member may transfer to another Squadron in Kansas with the approval of their Squadron and the acceptance of the Squadron they wish to transfer to. Kansas SAL Life Members wishing to transfer to a Squadron outside of Kansas will be issued a Pro-Rated refund check made payable to the member and the Squadron they wish to transfer to from the Detachment of Kansas.
- 6) The Kansas SAL Life Membership rate table is on the reverse of this application. The fee charged for participation in the Kansas Life Membership Plan will be based on the Squadrons annual ADULT dues.*

* Dual Members who participate in the Kansas SAL Life Membership Plan will be charged a fee based on their Squadrons dual member rate, and must maintain and on request show evidence of their current membership in the American Legion.

ALL QUESTIONS BELOW MUST BE ANSWERED AND TOTAL REMITTANCE MUST ACCOMPANY THIS APPLICATION.

Applicant Name #	Age	Date of Birth	Member ID
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Address	City	State	Zip
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Are current dues paid () Yes () No , if Yes : enter date paid _____

Amount of Annual Squadron dues including Local, State and National \$ _____

Optional metal Life Member card \$ _____

Total remittance enclosed \$ _____

Squadron Number _____ City _____

I, (the applicant), have read this application in its entirety and agree to its terms including item 3 in that I or the member for which this Kansas SAL Life Membership is purchased for will be responsible for any dues increase not absorbed or paid by the members Squadron.

_____ **Date** _____

Signature of applicant, member or both

_____ **Date** _____

Signature of Squadron Officer