



**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 \_\_\_\_\_

Date Received at National: \_\_\_\_\_

Post Dept Per Capita \_\_\_\_\_

Dept. Post Per Capita \_\_\_\_\_

**MAKE COPY OF APPLICATION FOR INDIVIDUAL'S RECORD**

**Paid-Up-For-Life  
Time Payment Plan  
PARTICIPATION AGREEMENT**

1. Current members of The American Legion may use the Time Payment Plan to purchase a Paid-Up-For-Life (PUFL) Membership through National Headquarters. No interest or service charge is added.
2. The applicant must be a **member in good standing**, meaning the member must have a valid membership card for the current Legion year.
3. A copy of the member's separation form (i.e. DD214) or current active duty military ID must be attached to the completed application; if neither is available, a copy of the member's current driver's license may be accepted. The PUFL application will not be accepted without the appropriate documentation.
4. When the application is submitted to the Post for certification, the first month's payment must be included as the deposit. **Please do not send cash.** Payment of the deposit can be made by check, money order or credit card (MasterCard/Visa/Discover/American Express).
5. Dues paid in advance (prior to January 1 each year) cannot be considered as part of the initial deposit.
6. After receipt and approval of the application, National Headquarters will process the deposit and the remaining balance will be divided into 35 equal monthly payments. National will mail the applicant a supply of payment coupons to be used for submitting monthly payments to National Headquarters until the entire PUFL fee is paid-in-full. *DO NOT submit monthly payments to the post or department; mail directly to National Headquarters. National is not responsible for mis-directed or lost payments.*
7. The total PUFL membership fee must be paid within 35 months after the application is processed at National and consecutive monthly payments are to be maintained. Delinquent accounts may be closed with or without notice to the member.
8. The member can pay more than the minimum each month; however, payment is expected each consecutive month. Much the same as a credit card account, paying in advance, or more than the minimum, simply means the account is paid off earlier.
9. The permanent (plastic) PUFL Membership card will be issued only after the total PUFL fee is paid-in-full. If annual cards are issued before the fee is paid-in-full, the member will receive an annual card with the notation of "TIME PAY."
10. No refund of payment(s) will be made if the member chooses to discontinue participation in the Time Payment Plan or if National must close the account (delinquent payments, returned checks, etc). The member will not be eligible to participate in the Time Payment Plan in the future but may re-submit an application with full payment at any time. (Any funds previously submitted on the cancelled account will not be credited to the new application.)
11. Should a PUFL Member hold membership in a post whose charter has been canceled and no other Post is available to accept a transfer, then the unused portion of the original fee, if any, will be refunded. The same will apply in the case of a member whose membership has been permanently revoked by the post. **Except as stated, no refund of PUFL Membership fees paid to National will be made during or after participation in the Time Payment Plan.**

*Please sign below and make sure that the PUFL application is completed to avoid delay in processing.*

I understand that my participation in the Time Payment Plan, for the purchase of a Paid-Up-For-Life Membership in The American Legion, will be subject to the stipulations noted above. My signature below indicates acceptance of the Agreement as stated.

\_\_\_\_\_  
*Signature of Member (Applicant)*

\_\_\_\_\_  
*Member ID #*

\_\_\_\_\_  
*Date*