



# Military Order of Stars and Bars

## Life Membership Application

Society Number

Date Fees Paid In Full

(IHQ Office Use Only)

Applicant's Name: \_\_\_\_\_  
(First) (Mid) (Last) (Suffix)

Address: \_\_\_\_\_  
City State Zip

( ) ( ) ( )  
Work Phone Home Phone Cell Phone Email Address

\_\_\_\_\_  
MOSB Number Chapter Name & Number Society

Payment Plan	<input type="checkbox"/>	One Time	<input type="checkbox"/>	Installment Plan (Members Under Age 60)
Full Payment (Under Age 60)		\$300		Installments
Full Payment (Age 60 to 70)		\$200		\$100 Payable on (Date) _____
Full Payment (Over Age 70)		\$100		\$100 Payable on (Date) _____
				\$100 Payable on (Date) _____
				\$300 TOTAL DUE

This agreement shall become effective on: \_\_\_\_\_, 20\_\_\_\_ and shall remain in effect through \_\_\_\_\_, 20\_\_\_\_ .

In consideration thereof, I agree to the following payment schedule, which will be completed no more than twelve (12) months from the date of the first payment.

**I understand that NO refund will be given if I fail to complete this Agreement. All payments will be prorated for my National Dues. Please make a copy of this completed form for yourself and keep it for your records.**

You or your Chapter Adjutant should send this completed form and all payments to:

**MOSB International Headquarters  
PO Box 100  
9086 Merritt Lane  
Suite E  
Daphne, Alabama 36526**

\_\_\_\_\_  
Applicant's Printed Name Applicant's Signature

\_\_\_\_\_  
Date