

**THE SOCIETY OF THE THIRD INFANTRY DIVISION
OVERSEAS MEMBERSHIP**

INSTALLMENT PLAN APPLICATION AGREEMENT

To subscribe to the OVERSEAS Life Dues Installment Plan, it will be necessary for applicants to fill out this application for enrollment. (See Installment Rate below)

Send completed form to:

Raymond C. Anderson, Jr.
National Secretary/Treasurer,
10 Paddington Ct.,
Hockessin DE 19707-9766

If you are already an existing member of the Society, your dues must be current to apply. If already an annual member, fill in ID number.

Member ID Number. _____

Name _____

Last

First

Middle

Street Address _____

City _____ State _____ Zip code _____

Outpost # _____ Home Phone No. Area code (_____)- _____ - _____

Date of Birth ____/____/____ Email Address _____

Life Member Fee \$ _____ Amount remitted \$ _____

Life membership Plan Fees FOR OVERSEAS Members:

Up to age 39.....\$1280.00 or 4 quarterly payments of ... \$320 or 6 of \$213.34
40 to age 49..... \$925.00 or 4 quarterly payments of.. \$231.25 or 6 of \$154.17
50 to age 59..... \$685.00 or 4 quarterly payments of... \$171.25 or 6 at \$114.17
60 to age 69\$475.00 or 4 quarterly payments of....\$118.75
70 to age 79.....\$310.00 or 4 quarterly payments of.....\$77.50
Over age 79.....\$275.00 or 2 payments of \$68.75



We also accept PayPal online payments - Go to <https://www.paypal.com/> and click on the "New to PayPal" link Payment to : roster3id@warfoto.com

Terms and Conditions: This Plan allows any OVERSEAS existing member in good standing or a new OVERSEAS member to purchase a Life Membership by making the agreed payments. Applicants must submit first payment to accompany application. The Society will bill the applicant in three or five payments based on choice of payment type.

Payment is due 30 days after receipt of the billing. Life Membership will be issued upon successful completion of this agreement. No refund of any portion of the current years dues will be made.

I agree to the terms and conditions of this OVERSEAS Life Membership Installment Plan.

Signature _____ Date _____