

Report of Honorary Life Membership Award



Mail to: Honorary Life Membership Notification
The American Legion Magazine
PO Box 1055
Indianapolis, IN 46206

Mail a copy to Department Headquarters

READ CAREFULLY:

I hereby report the following Honorary Life Membership award(s) for publication in The American Legion Magazine. This report is submitted according to the following guidelines:

- 1) Each Honorary Life Membership listed below was awarded by our Post at absolutely no cost to the member. In each instance, the Post has made provisions to pay the member's entire Department and National dues for the remainder of their life (unless the member chooses to transfer to another post).
- 2) Due to space limitations, The American Legion Magazine cannot publish the names of the members who have purchased their own Life Membership under the provision of National's Paid-Up-For-Life (PUFL) program or from and that no such members' name is listed below. Only lifetime memberships purchased by the Post and awarded to the member will be published.
- 3) Reports of Honorary Life Memberships are accepted for publication only when certified by the signature below of the current Post Commander, Adjutant, or Finance Officer.

TYPE OR PRINT CLEARLY

Name _____ Post # _____

Post Address _____

City _____ State _____ Zip _____

Member Name	Member Card ID # <i>(Required)</i>	Year Awarded

I hereby certify that I have read the above criteria regarding publication of Honorary Life Members and that the members listed above are fully qualified.

Signature _____ Title _____

(Post Commander, Adjutant or Finance Officer only)

Request to Exclude Members from Renewal Notice Mailings



Use this form and the Report Honorary Life Membership Award form to notify Department Headquarters and National Headquarters of NEW Honorary Life Members in your Post.

Date _____

Memo to: Department of Florida

From _____ Post# _____

Signature of Post Adjutant (required)

The following member (s) should not receive renewal notices through National's Renewal Program. Exclusion will continue until National is notified otherwise by the Post/Department.

- 1) Please "X" the box if this member has been awarded an Honorary Life Membership by this Post.

(See "Notes" below)

Member's Name _____

Address _____

City _____ State _____ Zip _____

- 2) Please "X" the box if this member has been awarded an Honorary Life Membership by this Post.

(See "Notes" below)

Member's Name _____

Address _____

City _____ State _____ Zip _____

- 3) Please "X" the box if this member has been awarded an Honorary Life Membership by this Post.

(See "Notes" below)

Member's Name _____

Address _____

City _____ State _____ Zip _____

MAIL TO: The American Legion, Department of Florida, Membership, P.O. Box 547859, Orlando, FL 32854-7859

FAX TO: 407-299-0901

EMAIL TO: Membership@floridalegion.org

Notes: This form is used to report members who should no longer receive renewal notices due to a special or unusual circumstances; their records will be appropriately coded in order to suspend renewal notices. (Example: A member who is in a healthcare facility and has requested the notices to be discontinued.) This form should also be used to report members who have been awarded an **Honorary Life Membership** by their Post. Do not use this form for any other purpose.

Do not use this form to report PUFL members, or existing Honorary Life members, since they're already automatically excluded from all renewal notice mailings.

Once a member's record is coded to be excluded from direct renewal mailings, it will continue to reflect that code until National receives an authorized request to allow renewal notices to resume.

***** Do Not use Member Data Form to report new "MH" members*****

*****Do Not include PUFL or Deceased Members in this list*****