

# NATIONAL PAST CHEF de GARE CLUB



## **PAID FOR LIFE (PFL)** **MEMBERSHIP APPLICATION**



**NAME:** \_\_\_\_\_  
(Print or type – First MI Last)

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ - \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**GRANDE DU:** \_\_\_\_\_ **VOITURE #** \_\_\_\_\_

### **PFL MEMBERSHIP COST CALCULATION TABLE**

Paid For Life membership base cost is \$250.00. However, you receive a \$10.00 credit (up to a maximum of \$100) for each year you have already paid NPCC dues.

PFL MEMBERSHIP BASE COST	\$ 250.00
MINUS APPLICABLE CREDIT	\$ _____ (Maximum allowed credit is \$100.00)
TOTAL AMOUNT PAYABLE FOR PFL MEMBERSHIP	\$ _____

### **METHOD OF PAYMENT**

(Check as applicable below and provide information requested)

**DEPUTY'S NAME:** \_\_\_\_\_

**CHECK OR MONEY ORDER NUMBER:** \_\_\_\_\_  
(Make checks and money orders payable to "NPCC")

**CREDIT CARD NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **EXP.** \_\_\_\_ / \_\_\_\_ **CVV#** \_\_\_\_  
MM YY

**CARD TYPE:**  - VISA  - MASTER CARD  - DISCOVER  - CASH

**TOTAL AMOUNT PAID** \$ \_\_\_\_\_

Mail completed form and payment to: Voiture Nationale  
250 East 38<sup>th</sup> Street  
Indianapolis, IN 46205

Paid For Life applications may also be submitted at [www.fortyandeight.org](http://www.fortyandeight.org).