

**Polish Legion of American Veterans, U.S.A.**  
**Internal Operations**  
**Section 5**  
**Forms, Applications and Instructions**

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# Polish Legion of American Veterans, U.S.A.

## Department or Post Officers Roster

Fiscal Year (s) \_\_\_\_\_

Post or Department: \_\_\_\_\_

Address: \_\_\_\_\_

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

Mail to be sent to: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Commander

Commander's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Adjutant

Adjutant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Finance Officer

Finance Officer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Form filled out by: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_



## **Polish Legion of American Veterans, U.S.A.**

### **DEPARTMENT OR POST OFFICERS ROSTER INSTRUCTIONS**

**FORM: M-100**

All requests for copies of this Form must be submitted to the National Adjutant or down loaded from our website [www.plav.org](http://www.plav.org).

This Form records the names and addresses of State Department or Post Officers.

In all cases the mailing address will fall into one of these categories:

1. A permanent building of said State Department or Post
2. The State or Post Commander's home address.
3. The State or Post Adjutant's home address

To assure continuity, the mailing address should follow the above order. The National Adjutant uses the mailing address for the mailing of all correspondence emanating from the National Department, and also submits the mailing address to the IRS. For these reasons it is imperative that the mailing address be correct and as permanent as possible.

Correspondence sent to the mailing address is the express property of said State Department or Post and should not be treated as personal mail. Out of courtesy, if mail is sent to the mailing address, and it is no longer a valid address, deliver it to the proper person and have them send a correction to the National Adjutant immediately.

The Form is self-explanatory. Please pay special attention to the mailing address. The Officers Roster is to be typed, but a readable printed Form is acceptable. Copies can be made, that stays with the Post and State Department. The original is to be sent to the National Adjutant. A copy made by the National Adjutant will be sent to the National Membership Director.

It is the duty of the State or Post Commander or Adjutant to complete this form immediately after each election of new officers and to submit corrections as they occur.



# Polish Legion of American Veterans, U.S.A.

Post Name & Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Adjutant or Fin Sec'y: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

## Fiscal Year \_\_\_\_\_ Membership Report

*Unity with Heritage*

**ONLY** Include Addresses for New Members or Change of Address – Please Type or Print Clearly

CODE	CARD #	Name	Address	City/State/Zip	Sponsor
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

### CODE LETTERS

Nat'l Life Member.....NL  
 Life Member.....LM  
 Renewals..... R  
 New Members.....NM  
 Reinstatement.....RE  
 Transfer.....TR  
 Honorary.....H

NL \_\_\_\_\_ LM \_\_\_\_\_ R \_\_\_\_\_ NM \_\_\_\_\_ RE \_\_\_\_\_ TR \_\_\_\_\_ H \_\_\_\_\_ TOTAL \_\_\_\_\_

MEMBERS \_\_\_\_\_ ASSESSMENT EACH MEMBER \$ \_\_\_\_\_ TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_



# Polish Legion of American Veterans, U.S.A.

## FISCAL YEAR POST MEMBERSHIP REPORTING INSTRUCTIONS

### FORM M-200

All requests for copies of this Form must be submitted to the National Adjutant or down loaded from our website [www.plav.org](http://www.plav.org).

This Form is designed to give a full accounting and description on an annual basis of each individual, member of a particular Post.

1. The Post Name, Post Number, Post Address and phone number and name of a responsible individual filling out the Form.
2. Code Letters designating status of member. Code Letters explanation are located at bottom of the Form.
3. **Members full name. Include address only for New Members, Reinstatements, Transfers or Change of Address.**
4. Annual Active Membership Card Number.
5. Sponsors Name for New Members. Former Post Number of Transferee.

The Post Membership Form (M-200) is distributed as follows. Original M-200 with the required State and National Departments Dues Payment are forwarded to the State Department authorized Financial Officer. Post to make copy of M-200 to remain with the Post. The State Department shall forward the Original M-200 with the required National Department Dues Payment to the National Membership Director. State Department to make Copy of M-200 to remain with State Department. If no State Department exists, the Post will forward the Original M-200 to with the required National Department Dues Payment to the National Membership Director. Post to make copy of M-200 to remain with the Post.

Annual dues to the National Department for National Life Members (NL) are not required.  
Annual dues to the National Department for State or Post Life Members (LM) are required.

The Form should be typed, but a reasonable printed copy is acceptable. This Form contains information and data for Post and individual awards.

#### TRANSFERS

A member may transfer from one Post to another providing the member obtains approval from the New Post, he or she plans to transfer to. It is mandatory the Membership Committee of the New Post check the Transferee's existing status with the Post he or she is transferring from. It is important the Post Number and the abbreviated State Department Letters be noted in the Sponsor's column.

#### NEW POST- SAME STATE DEPARTMENT

A Transferee that has paid his or her current Post, State and National Departments dues to the Post he or she is leaving from, should only be obligated to pay the dues of the New Post they are transferring to.

#### NEW POST- NEW STATE DEPARTMENT

A Transferee that has paid his or her current Post, State and National Departments dues to the Post he or she is leaving from. Should only be obligated to pay the dues of the New Post and New State Department they are transferring to.

The Post Membership Form (M-200) and required dues payment shall be submitted on a regular basis (at least monthly). Do not retain this Form and dues payment until the Form is completely filled out if the period exceeds one month.

The P.L.A.V., U.S.A. Data Base information Form M-600 should be used for reporting the following information to our National Membership Director.

- |  |                      |
|--|----------------------|
| 1. New Members                                 | 6. Transfers         |
| 2. Changes in Names, addresses and membership. | 7. Active Membership |
| 3. Deaths                                      | 8. Life Membership   |
| 4. Deletions                                   | 9. Honorary Members  |
| 5. Reinstatements                              |                      |



Unity with Heritage

# Polish Legion of American Veterans, U.S.A.

## AUXILIARY UNITS (Please circle Unit)

Sons and Grandsons

Victory Fathers

Senior and Retired Citizens

Auxiliary Name & Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Adjutant or Fin Sec'y: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

## Fiscal Year \_\_\_\_\_ Membership Report

**ONLY** Include Addresses for New Members or Change of Address – Please Type or Print Clearly

CODE	CARD #	Name	Address	City/State/Zip	Sponsor
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

### CODE LETTERS

Renewals.....R  
 New Member.....NM  
 Reinstate.....RE  
 Transfer.....TR

RENEWAL \_\_\_\_\_ NEW MEMBER \_\_\_\_\_ REINSTATE \_\_\_\_\_ TRANSFER \_\_\_\_\_ TOTAL \_\_\_\_\_

MEMBERS \_\_\_\_\_ ASSESSMENT EACH MEMBER \$ \_\_\_\_\_ TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

FORM M-200-A (Rev. 6/06)



## Polish Legion of American Veterans, U.S.A.

### Fiscal Year Post Auxiliary Units Membership Reporting Instructions Form M-200A

All requests for copies of this Form must be submitted to the National Adjutant or down loaded from our website [www.plav.org](http://www.plav.org).

Form M-200A is used to give a full description of each individual member of a particular Auxiliary.

The Auxiliary Secretary, Treasurer or Membership Chairperson is responsible for completing this Form.

This Form and the required dues should be sent monthly to the National Membership Director. Copies should be retained by the State Department and Local Auxiliary Unit.

#### **Please type or print clearly.**

TOP RIGHT OF FORM	Auxiliary Name, Address and Individual responsible for filling out the form.
CODE	Member's Status Code. (shown at bottom left of Form M200-A)
NAME	Member's full name (first name, middle initial and last name)
ADDRESS, CITY, STATE, ZIP	<b><u>ONLY</u></b> include the address for New Members Reinstated Transfers New Addresses
BOTTOM OF FORM	Total count of members on the <u>sheet</u> and amount of dues paid to the National Department.



**POLISH LEGION OF AMERICAN VETERANS, U.S.A.**

**NATIONAL DEPARTMENT**

CHARTERED BY ACT OF CONGRESS

**APPLICATION FOR A POST CHARTER**

We the undersigned, do hereby apply for membership in the Polish Legion of American Veterans, U.S.A. and for the issuance of a National Charter for our Post Unit on this: \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_  
MONTH YEAR

\_\_\_\_\_  
POST NAME TO BE KNOWN AS

\_\_\_\_\_  
MAILING ADDRESS CITY, STATE & ZIP CODE

**CHARTER MEMBERS: (NOTE: ALSO ATTACH M-200 SHEETS)**

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Organized on this the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Organizer/ Organizers \_\_\_\_\_

**ENDORSEMENTS**

Accepted by the Department of \_\_\_\_\_, Polish Legion of American Veterans, U.S.A.

on this the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
STATE COMMANDER

\_\_\_\_\_  
STATE ADJUTANT

**ENDORSEMENTS**

Accepted by the National Department, Polish Legion of American Veterans, U.S.A. on this

the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
NATIONAL COMMANDER

\_\_\_\_\_  
NATIONAL ADJUTANT



## Polish Legion of American Veterans, U.S.A.

### Instructions for a Post Charter

M-300

All requests for copies of this Application must be submitted to the National Adjutant or downloaded from our website [www.plav.org](http://www.plav.org).

The requirement of starting a new Post in any State is for the Organizer to enlist ten **(10)** eligible Members willing to become a Chartered Post in this organization.

It is suggested that the Post Organizer have all the below stated materials available at the time of the first meeting of the prospective new Post.

- 1) Charter Application Instructions**
- 2) Charter application (Three copies) .**
- 3) Membership Report #M-200.**
- 4) Constitution & By-Laws books, National, and State if applicable.**

It is suggested that a State Commander **if available** be at this initial meeting to assist the Post Organizer. When the Post Organizer is certain that a new Post is being organized the National Membership Director should be contacted for Membership Cards.

At the initial meeting of the New Post the following decisions must be made:

- 1) Establish the Name of the Unit, (May be deferred)**
- 2) Establish the mailing address, (A PO Box is suggested)**
- 3) Election of a Commander.**
- 4) Election of an Adjutant.**
- 5) Election of a Treasurer or Finance Director.**
- 6) Establish your dues assessment schedule.**
- 7) It is recommended that a full slate of Officers be elected immediately or it can be acted on later at the first regular meeting in accordance with the By- Laws.**

Upon completion of the initial meeting, the "Application for Charter " (all three copies) along with an M-200 Membership Report and a copy of the Post By-Laws are to be forwarded to the respective State Department for endorsement. In a case where no State Department exists, the above material should be forwarded directly to the National Membership Director.

After the State Department endorses the Charter Application (all three copies) the application along with the M-200 Membership Report and the By-Laws should be sent to the National Membership Director.

Upon completion of the processing by the National Membership Director, National Executive Committee approval must be obtained. After N.E.C. approval, the Charter Application will be turned over to the National Adjutant, who will then issue the New Post Charter and forward it and a copy of the Charter Application back to the respective State Department for presentation to the New Post. If the National Commander's schedule will allow, he may make the presentation to the New Post.

The New Post should have the Charter permanently framed and the Application for Charter should become a permanent record of the Post





## **Polish Legion of American Veterans, U.S.A.**

### **MEMBERSHIP AND FINANCIAL STATEMENT REPORTING INSTRUCTIONS**

#### **Form M-400- Used by National and State Departments**

All requests for this Form must be submitted to the National Adjutant or down loaded from our website [www.plav.org](http://www.plav.org).

This Form is designed to control payment of dues, record total paid membership in the organization, and used by the National Membership Director for membership awards, either Individual, State or Post Awards.

When used to record the total membership of the organization, it helps the Membership Director and the National Department to keep a close surveillance on the trends in renewals, new members, life members, reinstatements and transfers. The Membership Director issues this membership report at every NEC Meeting and National Convention. This Report keys in on problem areas and helps the Membership Committee at NEC Meetings.

It is the duty of the State Department Treasurer or Adjutant to complete the upper portion of this statement and send it to the National Membership Director.

Neatness and accuracy are essential in filling out this Form.

This Form is used in conjunction with the membership report, which lists the individual members of each Post.



**POLISH LEGION OF AMERICAN VETERANS, U.S.A.  
NATIONAL DEPARTMENT**

Chartered by Act of Congress

APPLICATION FOR CERTIFICATION OF POST NAME CHANGE

I, \_\_\_\_\_, Adjutant, of the \_\_\_\_\_  
Post # \_\_\_\_\_, of the Polish Legion of American Veterans, U.S.A., located at \_\_\_\_\_,  
\_\_\_\_\_, do hereby certify that the members present at a duly convened  
meeting of said Post, held on \_\_\_\_\_ at \_\_\_\_\_,  
\_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_,

The following Resolution was duly adopted:

Be it Hereby Resolved, that the name of this Post be changed from \_\_\_\_\_  
Post # \_\_\_\_\_, Polish Legion of American Veterans, U.S.A. to \_\_\_\_\_  
Post # \_\_\_\_\_, Polish Legion of American Veterans, U.S.A.

I, \_\_\_\_\_ Post Adjutant further certify that the above Resolution was placed  
in force on \_\_\_\_\_, \_\_\_\_\_, as in now in full effect and that  
it has not been repealed at any subsequent meeting or meetings.

It is further certified, that \_\_\_\_\_ is the Post Commander and that  
his/her signature below attests to the fact that said Resolution was adopted as stated herein.

In witness thereof: we set our hand on this the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_,  
at \_\_\_\_\_.

\_\_\_\_\_  
POST COMMANDER POST ADJUTANT

Approved by the State Department of \_\_\_\_\_, Polish Legion of  
American Veterans, U.S.A. on the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
STATE COMMANDER STATE ADJUTANT

Approved by the National Department, Polish Legion of American Veterans, U.S.A.

\_\_\_\_\_  
DATE NATIONAL COMMANDER



# Polish Legion of American Veterans, U.S.A.

## INSTRUCTIONS FOR CERTIFICATION OF POST NAME CHANGE

### M-500

The requirement for obtaining an Application and Certification of a Post Name Change is as follows:

1. All requests for an Application must be submitted to the National Adjutant or down loaded from our website [www.plav.org](http://www.plav.org).
2. The Application must be filled out and returned to the National Adjutant for processing.
3. The Application shall be reviewed by the National Department Membership Committee and be presented to the National Executive Committee or National Convention for approval.
4. After approval the National Adjutant shall have the New Post Charter prepared and forwarded same to the National Commander for presentation

**PLAY DATA BASE MEMBERSHIP INFORMATION**

PLEASE TYPE OR PRINT

CIRCLE ONE: NEW ACTIVE STATE LIFE POST LIFE NAT'L LIFE SONS & GRANDSONS HONORARY

CIRCLE ONE: CHANGE DEATH DELETE REINSTATE

TRANSFER

FROM: ZONE STATE POST TO: ZONE STATE POST

ZONE STATE POST PERMANENT MEMBER NUMBER

NAME FIRST MIDDLE LAST

NAME CORRECTION FIRST MIDDLE LAST

FORMER ADDRESS NEW ADDRESS

CITY CITY

STATE ZIP STATE ZIP

REVISED BY DATE

FORM M-600

**PLAY DATA BASE MEMBERSHIP INFORMATION**

PLEASE TYPE OR PRINT

CIRCLE ONE: NEW ACTIVE STATE LIFE POST LIFE NAT'L LIFE SONS & GRANDSONS HONORARY

CIRCLE ONE: CHANGE DEATH DELETE REINSTATE

TRANSFER

FROM: ZONE STATE POST TO: ZONE STATE POST

ZONE STATE POST PERMANENT MEMBER NUMBER

NAME FIRST MIDDLE LAST

NAME CORRECTION FIRST MIDDLE LAST

FORMER ADDRESS NEW ADDRESS

CITY CITY

STATE ZIP STATE ZIP

REVISED BY DATE

FORM M-600



## **Polish Legion of American Veterans, U.S.A.**

### **PLAV DATA BASE MEMBER INFORMATION FORM INSTRUCTIONS M-600**

All requests for copies of this Form must be submitted to the National Adjutant or down loaded from our website [www.plav.org](http://www.plav.org).

1. THE INFORMATION FORM SHOULD BE USED TO REPORT NEW MEMBERS, NAME OR ADDRESS CHANGES, DEATHS, DELETIONS, REINSTATEMENTS AND POST TRANSFERS.
2. THE MEMBER'S NAME, POST NUMBER, PERMANENT MEMBER NUMBER AND NAME OF DEPARTMENT (STATE) ARE REQUIRED FOR THE INFORMATION FORM TO BE PROCESSED BY THE DATA BASE SERVICE.
3. TRANSFERS FROM ONE POST TO ANOTHER IS A PRIVILEGE GRANTED TO ANY PAID-UIP MEMBER ONLY WITH THE APPROVAL OF THE POST TO WHICH THE MEMBER DESIRES TO TRANSFER.
4. PROVIDE THE POST NUMBER AND STATE WHICH THE MEMBER IS TRANSFERRING FROM AND THE NEW POST NUMBER AND STATE (INDICATE THE NEW WHERE IT SAYS ZONE, STATE OR POST NUMBER.)

**ROUTE THE INFORMATION FORM THROUGH YOUR STATE DEPARTMENT WHO WILL THEN FORWARD IT TO THE NATIONAL MEMBERSHIP DIRECTOR.**



# POLISH LEGION OF AMERICAN VETERANS, U.S.A.

## NATIONAL DEPARTMENT

### CHARTERED BY ACT OF CONGRESS

#### NOMINATING PETITIONS FOR AMERICAN WHITE EAGLE DISTINGUISHED AWARD

The American White Eagle Distinguished Award as established by the National Convention shall be restricted to Non-Members of the Polish Legion of American Veterans, U.S.A.

Nominees for the American White Eagle Distinguished Award may be nominated by the State or National Departments using this Nominating Petition.

A written essay of at least 250 words providing biographical and employment history of the nominee as well as educational background must be submitted. The essay should detail specifically the facts and circumstances upon which the nomination is being based, and shall bear language specifying that the nomination was presented for approval at a regular meeting of the State or National Department, and was in fact approved by no less than 2/3 vote of the members attending.

#### Nominee

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City-State \_\_\_\_\_ Zip \_\_\_\_\_

#### Sponsor

\_\_\_\_\_  
Name Post and/or Department

Approved \_\_\_\_\_  
Date Department Commander

#### National Department

Received \_\_\_\_\_  
Date National Adjutant

Approved \_\_\_\_\_  
Date National Commander

Date for Presentation \_\_\_\_\_

Attach written essay to Nominating Petition and send to the National Adjutant for processing

Recorded Number \_\_\_\_\_ Date \_\_\_\_\_



## **Polish Legion of American Veterans, U.S.A.**

### **AMERICAN WHITE EAGLE DISTINGUISHED AWARD INSTRUCTIONS M-700 FORM**

1. Nominees for the “American White Eagle Distinguished Award” shall be restricted to Non-Members of the Polish Legion of American Veterans, U.S.A. and can be nominated by the National Department or State Department.
2. All requests for copies of this Nominating Petitions must be submitted to the National Adjutant or down loaded from our website [www.plav.org](http://www.plav.org).
3. The Nominating Petition, as specified herein, shall include the name, address and phone number of the nominee as well as those of the Sponsoring Department and Department Commander.
4. Nominating Petitions shall be supplemented by a written essay of not less than two hundred and fifty (250) words. The essay shall detail specifically all of the facts and circumstances upon which the nomination is based.
5. A processing fee as established by the National Executive Committee shall be paid by the Sponsoring State Department and shall accompany the Nominating Petition.
5. The approved Nominating Petition described herein, shall be forwarded to the National Executive Committee for consideration.
6. Upon favorable approval, by a two-thirds (2/3) vote of the members, present and voting, at a meeting of the National Executive Committee, the Nominating Petition, so approved shall be forwarded to the National Adjutant for processing.
7. After National Executive Committee approval, such Award shall be presented to the recipient as soon as convenient thereafter, by the National Commander, or his duly designated Representative, where or whenever possible, a suitable presentation ceremony shall be convened at a P.L.A.V., U.S.A. facility.



**POLISH LEGION OF AMERICAN VETERANS, U.S.A.  
NATIONAL DEPARTMENT**

**CHARTERED BY ACT OF CONGRESS**

**NOMINATING PETITION FOR  
POLISH LEGION OF AMERICAN VETERANS, U.S.A.  
AMERICAN EAGLE AWARD**

The Polish Legion of American Veterans, U.S.A. American Eagle Award as established by the National Convention shall be restricted to Active Members of the Polish Legion of American Veterans, U.S.A.

Nominees for the Polish Legion of American veterans, U.S.A. American Eagle Award may be nominated by the State or National Departments using this Nominating Petition.

A written essay of at least 250 words providing biographical and employment history of the nominee as well as educational background must be submitted. The essay should detail specifically the facts and circumstances upon which the nomination is being based and shall bear language specifying that the nomination was presented for approval at a regular meeting of the State or National Department., and was in fact approved by no less than 2/3 vote of the members attending.

**Nominee**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Sponsor**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Post and/or Department

Approved \_\_\_\_\_  
Date

\_\_\_\_\_  
Department Commander

**National Department**

Received \_\_\_\_\_  
Date National Adjutant

Approved \_\_\_\_\_  
Date National Commander

Date for Presentation \_\_\_\_\_

Attach written essay to Nominating Petition and send to the National Adjutant for processing

Recorded Number \_\_\_\_\_ Date \_\_\_\_\_



## **Polish Legion of American Veterans, U.S.A.**

### **POLISH LEGION OF AMERICAN VETERANS, U.S.A AMERICAN EAGLE AWARD**

#### **M-800 FORM**

1. Nominees for the Polish Legion of American Veterans, U.S.A. American Eagle Award shall be restricted to Active Members in good standing can be nominated by the National Department or State Department.
2. All requests for copies of this Nominating Petition must be submitted to the National Adjutant or downloaded from our website [www.plav.org](http://www.plav.org).
3. The Nominating Petition, as specified herein, shall include the name, address and phone number of the nominee as well as those of the Sponsoring Department and Department Commander.
4. Nominating Petitions shall be supplemented by a written essay of not less than two hundred and fifty (250) words. The essay shall detail specifically all of the facts and circumstances upon which the nomination is based.
5. A processing fee as established by the National Executive Committee, shall be paid by the Sponsoring State Department and shall accompany the Nominating Petition.
6. Upon completion of a National Commander's term of office the Polish Legion of American Veterans, U.S.A. American Eagle Award shall be presented to him or her, for outstanding service on behalf of the Polish Legion of American Veterans, U.S.A. or to the family of the departed Past National Commander. No processing fee shall be required to accompany the Nominating Petition for such Award.
7. The approved Nominating Petition described shall be forwarded to the National Executive Committee for consideration.
8. Upon favorable approval, by a two-thirds (2/3) vote of the members, present and voting at a meeting of the National Executive Committee, the Nominating Petition, so approved shall be forwarded to the National Adjutant for processing.
9. After National Executive Committee approval, such Award shall be presented to the recipient as soon as it is thereafter convenient. Such presentation shall be carried out by the duly designated Representative of the sponsoring National or State Department. when and wherever possible, a suitable presentation ceremony shall be convened at a P.L.A.V., U.S.A. facility.



**POLISH LEGION OF AMERICAN VETERANS, U.S.A.  
NATIONAL DEPARTMENT**

**APPLICATION FOR NATIONAL LIFE MEMBERSHIP**

DATE \_\_\_\_\_

\_\_\_\_\_ Member of \_\_\_\_\_  
Name Post Name

Post \_\_\_\_\_, Department of \_\_\_\_\_. Hereby make application for  
National Life Membership.

**APPLICANT'S NAME AND ADDRESS  
(PRINT CLEARLY)**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY-STATE-ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

In signing the application, the applicant agrees to

1. In the event the applicant's Post ceased to exist, the applicant agrees to accept a transfer designated by the National Department.
2. If the applicant has a change of address, He or she must notify the Post Finance Officer,

\*\*\*\*\*

I do here by certify this individual is a member in good standing with the Polish Legion of American Veterans, U.S.A.

\_\_\_\_\_  
POST FINANCIAL OFFICER

\_\_\_\_\_  
STATE FINANCIAL OFFICER

\*\*\*\*\*

**FOR NATIONAL DEPARTMENT USE**

Life Membership Amount: \_\_\_\_\_

Age verification, current year \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Form M-900

# Polish Legion of American Veterans, U.S.A.



## NATIONAL DEPARTMENT LIFE MEMBERSHIP PROGRAM

### M-900

All requests for copies of this Application for National Life Membership must be submitted to the National Adjutant or downloaded from our website [www.plav.org](http://www.plav.org).

Any person who holds Active Membership, State or Post Active Life Membership in good standing with the Polish Legion of American Veterans, U.S.A. may become a National Department Life Member upon submission of (1) National Department Life Membership Application, (2) copy of their Honorable Discharge or Separation from Service, (3) Proof of Age (birth certificate, discharge papers, driver's license or other acceptable proof and (4) Life Membership Fee.

A member in good standing as a National Department or State Department Members-at-Large may become a National Department Life Member by submission of the items in the previous paragraph to the National Department Membership Director or State Department Finance Officer in case of being a State Department Member-at-Large.

Any person otherwise eligible for membership but not previously a member may become a National Department Life Member after election to membership to a local Post or as a National or State Department Member-at-Large.

A former member otherwise eligible for reinstatement may become a National Department Life Member after reinstatement to membership to a local Post or as a Member-at-Large of the National or State Department.

National Department Life membership Fees shall be charged in accordance with the fee schedule as established by the Life Membership Committee and approved by the National Executive Committee:

ATTAINED AGE	LIFE MEMBERSHIP FEE	ATTAINED AGE	LIFE MEMBERSHIP FEE
Through 25	\$953.00	51 – 55	\$533.00
26 – 30	\$890.00	56 – 60	\$456.00
31 – 35	\$824.00	61 – 65	\$381.00
36 – 40	\$755.00	66 – 70	\$312.00
41 – 45	\$683.00	71 -- 75	\$248.00
46 – 50	\$609.00	76 and over	\$193.00

Any applicant whose 26<sup>th</sup>, 31<sup>st</sup>, 36<sup>th</sup>, 41<sup>st</sup>, 46<sup>th</sup>, 51<sup>st</sup>, 56<sup>th</sup>, 61<sup>st</sup>, 66<sup>th</sup>, 71<sup>st</sup> or 76<sup>th</sup> birthday will occur after the date of application and on or before December 31 of the current year shall pay the fee that would be required on his next birthday.

Upon receipt of the required fee, the Post Finance Officer shall immediately forward payment together with the Life Membership Application, copy of Discharge and Proof of Age of the individual through the Department Finance Officer to the National Membership Director. The National Membership Director shall deposit all sums received for Life Membership with the National Treasurer in a Special Fund called the National Department Life Membership Fund and shall issue a suitable National Membership Card and Pin.

A National Department Life Member shall not be subject to further membership dues levies of any kind and shall have all the benefits and privileges of Post, State Department and National Department Membership as long as he or she shall live, provided however, a Life Member who shall subsequently be found ineligible for membership shall forfeit their Life Membership in which case no refund of fees will be paid. A member who shall be discharged from the organization by reason of disciplinary action shall forfeit his or her Life Membership. In such event, no refund of fees paid will be made.

Death of a Life member following the issuance of the checks paying his or her per capita tax for the next calendar year to National Headquarters, their Department Headquarters and Post, shall not be a cause for a refund of said per capita tax to the National Department Life Membership Fund for that year.

National Department Life Members Transferees must obtain approval from the Post and State Department that they are leaving and also the Post and State Department they are entering.



Polish Legion of American Veterans, U.S.A.

Department of \_\_\_\_\_

State Honorary Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Military Service: \_\_\_\_\_

Telephone: (Residence): \_\_\_\_\_ (Business): \_\_\_\_\_

Profession or Occupation: \_\_\_\_\_

Achievements and Accomplishments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by Membership of Post # \_\_\_\_\_ at the regular meeting held on \_\_\_\_\_ day in the  
month of \_\_\_\_\_ in the year of \_\_\_\_\_.

Attested by: \_\_\_\_\_ POST COMMANDER \_\_\_\_\_ POST ADJUTANT

Approved by Department of \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
STATE COMMANDER STATE ADJUTANT

Received: National Membership Director: \_\_\_\_\_ Date \_\_\_\_\_



## Polish Legion of American Veterans, U.S.A.

### HONORARY MEMBERSHIP PROCEDURE

#### POSTS AND STATE DEPARTMENTS

##### M-1000

All requests for copies of this Application must be submitted to the National Adjutant or down loaded from our website [www.plav.org](http://www.plav.org).

Honorary Members may be admitted on the following basis

- a. Governor of the States in which the PLAV operates, by the State Executive Committee.
- b. The members of the Governor's Cabinet and State Legislative Body, by vote of the State Executive Committee
- c. Persons performing outstanding service in the State or to Veterans in the State, may be given Honorary Membership, by vote of the State Executive Committee.
- d. An appropriate Honorary Membership Card, from the National Department, shall be issued on an **ANNUAL BASIS** recognizing such person as an Honorary Member of the Organization.

The right to attend, to vote, to hold office or the right of expression at any regular or special meeting or session of any Convention of any echelon within the Polish Legion of American Veterans, U.S.A., shall be exclusively limited to active, regular members, excepting, however, guests or public officials may, on proper invitation, appear at meetings or Conventions to address such groups.

Honorary Membership as established by the State Departments of the Polish Legion of American Veterans, U.S.A. shall be restricted to non-veterans.

Nominees for Honorary Membership may be nominated by a Post or State Department using the prescribed Application Form.

A written essay of at least fifty words providing in detail the facts and circumstances upon which the nomination is being made and shall bear language specifying that the nomination was presented for approval at a regular meeting of the Post or State Department and was in fact approved by no less than 2/3 vote of the members attending such meeting.

Three copies of the Application and Essay shall be returned to the State Adjutant for processing

The Application and Essay shall be presented to the State Executive Committee or State Convention for approval.

After approval the State Adjutant shall forward the three copies to the State Finance Director or State Membership Director.

The State Finance Director or State Membership Director shall process one copy of the Application and Essay to the National Membership Director. An Annual Honorary Membership Card will be sent to the State Finance Director or State Membership Director.

The State Finance Director or State Membership Director will return one copy of the Application, Essay and Membership Card to the Post or State Commander for presentation to the recipient.