

# THE NATIONAL SOCIETY OF THE SONS OF UTAH PIONEERS

## NATIONAL HERITAGE SUSTAINING MEMBER

### ELEVATED STATUS

#### SUSTAINING HERITAGE MEMBERSHIP

The National Society of the Sons of Utah Pioneers Elevated Membership status was initiated to provide members the opportunity to make an extra gesture of commitment in support of our Mission statement, "to preserve and promote the values of our pioneer ancestors." Original criteria for membership was the commitment to arrange a monthly SUP automatic withdrawal from the member's credit card, bank account or personal monthly check sent to National Headquarters. The minimum monthly withdrawal was \$25, with options \$50 and higher. (Although there have been several \$100+ arrangements)

Current membership criteria include:

- Participation now includes the payment of annual dues. In other words, the first \$60 from monthly withdrawals will be considered annual dues payment.
- The option for monthly payments by personal check has been discontinued.
- By popular request, annual payments of \$240 or more also qualifies for Sustaining Heritage Membership. This option also includes regular National dues.

Thank you for helping to promote Sustaining Heritage Membership. We know there are those out there who would like to do more and this is an excellent option for that additional measure of support.

### PERMISSION STATEMENT

#### AUTHORIZATION FOR AUTOMATIC PAYMENTS

I authorize and request NATIONAL SOCIETY OF THE SONS OF UTAH PIONEERS to initiate debit entries to my account, by and through AUTOMATED PAYMENT SYSTEMS, hereinafter called APS, and to debit the same to such account as indicated below at the depository financial institution indicated below. This authorization is to remain in full force and effect until APS has received written notification from me of its termination in such time and manner as to afford APS and depository financial institution a reasonable opportunity to act on it.

### PERSONAL INFORMATION

#### PLEASE VERIFY ACCURACY OF INFORMATION BEFORE SUBMITTING

Date \_\_\_ | \_\_\_ | \_\_\_\_\_ Member # (If Known) \_\_\_\_\_ Chapter \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

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

Bank or Institution Name \_\_\_\_\_ Bank / Institution City \_\_\_\_\_ State \_\_\_\_\_

Bank / Credit Card Account Owner (if Different From SUP Member) \_\_\_\_\_

Account Type  Checking  Savings  Credit Card (  Visa  Mastercard  Discover  American Express)

Bank Routing # \_\_\_\_\_ Bank Account / Credit Card # \_\_\_\_\_

Payment will be monthly unless otherwise indicated here \_\_\_\_\_

Payment Amount  \$25  \$60  \$75  \$100  Other Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

**ATTACH VOIDED CHECK / CREDIT CARD IMPRINT**

