

# ENLISTED ASSOCIATION OF THE NATIONAL GUARD OF THE UNITED STATES

3133 MOUNT VERNON AVENUE, ALEXANDRIA, VA 22305

## LIFE MEMBERSHIP APPLICATION (PLEASE TYPE OR PRINT)

<b>STATE AFFILIATION</b>		<b>CARD NUMBER</b>			
<b>NAME:</b>	<b>LAST                      FIRST                      MI</b>	<b>RANK AND GRADE:</b> /			
<b>ADDRESS:</b>	<b>STREET:</b>	<b>Contact #:</b> (    )    -			
	<b>CITY                      STATE                      ZIP</b>	<b>DATE OF BIRTH:</b>			
	<b>EMAIL:</b>	<b>AGE:</b>			
<b>MEMBERSHIP: CHECK ONE</b>	<b>REGULAR:</b> ARMY GUARD _____ AIR GUARD _____	<b>ASSOCIATE</b> _____ <b>TECHNCIAN</b> _____ <b>AGR</b> _____ <b>RETIREE</b> _____	<b>AMOUNT PAID</b> \$		
<b>AMOUNT DUE BY AGE (EFFECTIVE JANUARY 1, 2001)</b>					
<b>AGE AMOUNT</b>	<b>AGE AMOUNT</b>	<b>AGE AMOUNT</b>	<b>AGE AMOUNT</b>	<b>AGE AMOUNT</b>	<b>AGE AMOUNT</b>
18 \$ 388	24 \$ 334	30 \$ 280	36 \$ 226	42 \$ 172	48 \$ 118
19 379	25 325	31 271	37 217	43 163	49 109
20 370	26 316	32 262	38 208	44 154	50 100
21 361	27 307	33 253	39 199	45 145	<b>MINIMUM</b>
22 352	28 298	34 244	40 190	46 136	<b>FEE</b>
23 343	29 289	35 235	41 181	47 127	<b>\$100.00</b>

For MASTERCARD/VISA & DISCOVER payments complete the following information below

Card Holder Name: \_\_\_\_\_ Phone :(    ) \_\_\_\_\_

PLEASE PRINT

Card Number: \_\_\_\_\_

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

Month \ Year

SIGNATURE