



ENLISTED ASSOCIATION OF THE NATIONAL GUARD OF THE UNITED STATES

EANGUS

Name: _____

SSN: _____ Home Phone: _____

Address: _____

_____ City _____ State _____ Zip Code + 4 _____

Email Address: _____

Unit of Assignment: _____ Rank/Grade: _____

ARMY GUARD _____ AIR GUARD _____

TRADITIONAL _____ TECHNICIAN _____ AGR _____ RETIREE _____ ASSOCIATE _____

I hereby apply for: Annual Life membership in **EANGUS**. Enclosed are my membership dues of \$_____. (See table below) *Make checks payable to EANGUS Membership or if paying by credit card:*

Account # _____

Exp. Date: _____ 3 Digit Security Code: _____

Name on Card: _____

Applicant's Signature: _____

**Annual: \$12 Life: See Chart
AMOUNT DUE BY AGE
(EFFECTIVE JANUARY 1, 2012)**

AGE AMOUNT	AGE AMOUNT	AGE AMOUNT	AGE AMOUNT	AGE AMOUNT	AGE AMOUNT
18 \$ 538	24 \$ 484	30 \$ 430	36 \$ 376	42 \$ 322	48 \$ 268
19 529	25 475	31 421	37 367	43 313	49 259
20 520	26 466	32 412	38 358	44 304	50+ 250
21 511	27 457	33 403	39 349	45 295	MINIMUM
22 502	28 448	34 394	40 340	46 286	FEE
23 493	29 439	35 385	41 331	47 277	\$250.00

Please mail this form and your payment to:

**EANGUS Membership
C/O NCGA
7410 Chapel Hill Rd
Raleigh, NC 27607-5047**