ENLISTED NATIONAL GUARD
ASSOCIATION OF FLORIDA
P.O. Box 3446
Saint Augustine, FL 32085

(PLEASE TYPE OR PRINT)

NAME: _____ RANK/GRADE _____/_____
LAST FIRST MI.

ADDRESS: _____
STREET

_____ _____ _____
CITY STATE ZIP CODE

UNIT: _____ DATE OF BIRTH: _____ AGE: _____

PHONE #:( )_____

CHECK ONE: ARMY GUARD_____ AIR GUARD _____ ASSOCIATE _____

CHECK ONE: AGR _____ TECH_____ TRADITIONAL _____ RETIREE _____

EMAIL ADDRESS: _____ (If you wish to receive EANGUS updates by email, please provide us with your email address)

LIFE MEMBERSHIP INFORMATION CONTACT THE STATE

MAKE CHECKS PAYABLE TO: ***EANGUS***

ANNUAL DUES – Effective 2011

E-1 thru E-6:	**$15.00**	**Associate:**	**$15.00**	**Retired Enlisted**	**$15.00**
E-7 thru E-9:	**$25.00**	**Corporate:**	**$100.00**		

Life Membership EANGUS $100.00 plus $9.00 for each additional year under the age of 50
Life Membership for the State $50.00 plus $5.00 for each additional year under the age of 50
For further information, please contact (703) 519-3846 ext.24
THE ABOVE AMOUNTS INCLUDE BOTH YOUR STATE AND NATIONAL DUES

For MASTERCARD/VISA & DISCOVER payments complete the following information below or sign-up online at www.eangus.org

Card Holder Name: _____ **Phone** :( ) _____
PLEASE PRINT

Card Number: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ _____

Expiration Date: \ _____
Month\Year **SIGNATURE**

Rev 8/15/2008