

EANGUS AUXILIARY MEMBERSHIP APPLICATION

Annual Membership

A spouse of an active, retired, or former Guard member, who is a member of EANGUS and a member of a state auxiliary chartered to EANGUS AUXILIARY may apply for annual membership in their resident state auxiliary and EANGUS Auxiliary. All other individuals may apply for annual state and national associate memberships.

Request State and National A	Annual Membership in the state of		
New Member Renew	/al		
Dues amount: (Refer	to state auxiliary dues structure provided on webs	site).	
Name	Member ID		
Address		(Assigned)	
City	State	Zip	
Home Phone	Cell Phone		
Spouse	Active		
Rank (If active)	Unit	Unit	
Unit Location			
Email address			
Signature			
New Member Renew Dues amount: (Refe Request State and National A New Member Renew Dues amount: (Refer t	valer to state auxiliary dues structure provided on we annual Membership in the state of	ite).	
Address		(Assigned)	
City	State	Zip	
Home Phone	Cell Phone		
Email address			
Signature			
Mail dues payment with applica FREE email subscription of <i>The</i>	le to resident State Auxiliary. ntatives/addresses provided on website). tion to state auxiliary representative. Please allow 3 e Signal newsletter (if email address is provided). Signal newsletter available: \$25.00 for 12 issues:	, ,	