

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 M	National Annual Membership in the	e state of					
New Member	Renewal						
	_ (Refer to state auxiliary dues strue						
Name		Member ID(Assigned)					
Address			(Assigned)				
Home Phone		Cell Phone					
Spouse	Active		Retired				
Rank (If active)	Unit						
Unit Location							

Annual State/National Associate Membership

An individual who supports the objectives of their resident state auxiliary and EANGUS Auxiliary but does not otherwise qualify for Annual or Lifetime membership may apply for state associate membership and national associate membership.

Request State and	National Associate Me	embership for the state of			
New Member	Renewal				
		_(Refer to state auxiliary dues structure provided on website).			
Name	Member ID(Assigned)				
Address			(Assigned)		
			Zip		
Home Phone		Cell Phone			
Email address					
Signature					
Make check/mone	ey order payable to re	sident State Auxiliary.			

(Refer to state auxiliary representatives/addresses provided on website).

Mail dues payment with application to state auxiliary representative. Please allow 30 days for processing.

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