



WISCONSIN NATIONAL GUARD ENLISTED ASSOCIATION

Auxiliary Membership Application

SIDE BY SIDE WE STAND WITH PRIDE

MOVING FORWARD TOGETHER

Name: _____

Date Of Birth: _____ Phone Number: () _____
mm/dd/yyyy

e-mail address: _____

Street Address: _____

City: _____ State: _____ Zip _____

Spouse's Name: _____

Is Spouse a Life Member of **WNGEA/EANGUS**? Yes No
 If yes, what is spouse's EANGUS life membership number? _____

Spouse's Unit: _____

Spouse's Rank: _____ Wisconsin National Guard Army Air

TYPE OF MEMBERSHIP: Annual Associate Gift Life

Is this New or Renewal?

Annual Membership: Upon application and payment of the prescribed annual dues an annual membership may be issued to the spouse of a member of the Wisconsin National Guard Enlisted Association with all voting rights of the auxiliary.

Associate Membership: State associate membership may be issued to individuals who support the objectives of the Auxiliary, but are not otherwise qualified for annual or lifetime membership in the National Guard Enlisted Association. An associate member shall not be a voting delegate, eligible for scholarships, or qualified to hold office in the Auxiliary.

STATE AUXILIARY DUES: ANNUAL: \$ 12.00 Per Year ASSOCIATE: \$ 5.00 Per Year

Amount Submitted: _____

GIFT membership from _____ (member will be notified that a gift membership was given and date membership is paid through)

LIFE MEMBERSHIP FEES for State & National (Spouse must be a Life Member of EANGUS): Life membership fee shall be \$40.00 at age 60 or over. If under age 60, the fee shall be \$40.00 plus the annual dues (\$12.00) for each year the member is under the age of 60. **EXAMPLE:** A member, age 50: 10 years to age 60 times \$12.00 = \$120.00 plus \$40.00 = \$160.00 for a life membership.

You may pay the fee in full or you can pay it in quarterly installments due in January, March, June and September. One year to pay the installments in full. You must be an annual member while you are paying your installments. ***In case of default, no refund.***

YOU WILL NOT BE A LIFE MEMBER UNTIL FULL PAYMENT IS RECEIVED

DO NOT WRITE IN THIS AREA			
_____	Amounts are correct	Date Received: _____	
_____	Mail Card if Paid in Full (Annual) (Life)		
_____	Make Copy and Send to Treasurer		
QUARTERLY PAYMENT RECORD FOR LIFE MEMBERSHIPS	DATE: _____ 1ST QUARTER	\$ _____ DUE	\$ _____ PAID
	DATE: _____ 2ND QUARTER	\$ _____ DUE	\$ _____ PAID
	DATE: _____ 3RD QUARTER	\$ _____ DUE	\$ _____ PAID
	DATE: _____ 4TH QUARTER	\$ _____ DUE	\$ _____ PAID
_____	Life Membership Card Sent		

MAKE CHECK PAYABLE TO: WNGEAA

SEND TO: Marie Traxler
 WNGEA Auxiliary Treasurer
 Box 86
 Whitewater WI 53190-0086

Signature: _____ Date: _____