

## WNGEA MEMBERSHIP FORM

**PLEASE PRINT ALL INFORMATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ / \_\_\_\_\_  
LAST FIRST MI Spouse: FIRST MI

ADDRESS: \_\_\_\_\_ GRADE E- \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ RANK: \_\_\_\_\_

UNIT: (CO,DET,SQD,FLT): \_\_\_\_\_

CIRCLE: STATUS: (M-DAY) (AGR) (TECH) (RETIRED), BRANCH: (ARMY) (AIR) (ASSOCIATE) (CORP)

----- Membership programs that are available -----

WNGEA ANNUAL	WNGEA AUXILIARY ANNUAL AND LIFE	STATE ASSOCIATE	CORPORATE
Please use the application form that is found on the WNGEA.ORG web site under JOIN or MEMBERSHIP.	Please use the application form that is found on the WNGEA.ORG web site. Under AUXILIARY	1 YEAR-\$15.00 2 YEAR-\$30.00 LIFE: See Below  This membership is for anyone that is not Enlisted in the WI National Guard.	1 YEAR - \$100 2 YEAR - \$200  This membership is for business owners or individuals that wish to support the WNGEA with a contribution.

----- All memberships receive the state publication – “Bucky’s Bulletin” -----

WNGEA LIFE MEMBERSHIP	STATE ASSOCIATE LIFE MEMBERSHIP
The number of years from current age to age 60, times the rate of \$20.00, plus \$150.00. Age 60 plus = \$150.00 flat. (A member age 50 pays 10 x \$20.00 + \$150 = \$350.00)  Date of Birth: _____ Rank: _____ <small>DAY MON YR MSG SMSGT CSM CMSFT</small>	The number of years from current age to age 60, times the rate of \$13.00, plus \$50.00. Age 60 plus = \$50.00 flat. (A member age 50 pays 10 x \$13.00 + \$50 = \$180.00)  Date of Birth: _____ <small>DAY MON YR</small>
Comments:	Make checks payable to: <b>WNGEA</b>  Total \$ Enclosed: \$ _____
	<b>MAIL TO:</b>  WNGEA MEMBERSHIP 2400 Wright St Madison, WI 53704

<p><b>Credit Card Payment:</b> [ ] Master Card [ ] Visa                      (Print numbers clearly)</p> <p>Card#: _____ - _____ - _____</p> <p>Expiration: (MM/YY): _____ / _____</p> <p>Signature: _____</p> <p><b>NOTE:</b> Rejected cards will void this application, and NSF charges will be billed to individual.                      Make a copy of this application for your record &amp; receipt.</p>	<p><b>Do Not Write In This Area</b></p> <p>Total received: \$ _____</p> <p>Years Paid: 1 2 L</p> <p>Check No: _____</p> <p>CC Approval: _____</p>
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