

LOUISIANA NATIONAL GUARD ENLISTED ASSOCIATION AUXILIARY
MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT CLEARLY AND RETURN AS SOON AS POSSIBLE

NAME _____
(LAST) (FIRST) (INITIAL)

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

HOME PHONE () _____ **WORK PHONE ()** _____

FAX _____ **E-MAIL** _____

SPOUSE FIRST NAME _____

SPOUSE UNIT _____

ARMY _____ **OR** **AIR** _____

YOUR BIRTHDAY _____ **YOUR ANNIVERSARY** _____
(M) (D) (YR) (M) (D) (YR)

NEW MEMBER **YES** _____ **NO** _____

DO NOT FILL IN BLANKS BELOW

MEMBERSHIP DUES \$20.0 A YEAR _____

ASSOCIATE DUES \$5.00 A YEAR _____

MEMBER NUMBER _____ **EXPIRATION DATE** _____
(TO BE ASSIGNED BY TREASURER)

PLEASE RETURN COMPLETED FORM TO NAME AND ADDRESS BELOW

PHYLIS HUNT
P O BOX 13475
ALEXANDRIA LA 71315-3475
PHONE (318) 443-9033