The Minnesota National Guard Enlisted Association Auxiliary Membership Application

MEMBERSHIP YEAR

Name:_____
Last **First** **MI**

Address:_____
Street **City** **State** **Zip**

Spouse's Name_____**Status**_____

Phone Number **Email Address**

Membership Type (Circle One)
Active $15.00 / Associate $8.00 / Life Associate $25.00

I Understand that with the acceptance of this application and the proper fee, I am a member in good standing in the Minnesota National Guard Enlisted Association Auxiliary. I agree to abide by the rules and regulations as set forth in the constitution and bylaws and violation of same is cause for revocation of my membership. A Membership card will be my receipt

Date:_____**Signature:**_____

Your $15.00 dues cover both STATE and NATIONAL dues. Applications MUST be received NLT 1 December of each year.

Mail Applications to: Carol Benda / 3280 30th Street / Slayton, MN 56172-1525

Life Membership Applications available upon request

SIDE-BY-SIDE WE STAND WITH PRIDE