**VIRGINIA ARMY/AIR NATIONAL GUARD**
**ENLISTED ASSOCIATION AND EANGUS**
**P. O. Box 19413**
**Roanoke, VA 24019**

Expiration Date _____
**Area** _____
Unit_____
Unit PRN_____
Today's Date _____

**Annual or Multiple Year Membership Application**
**LIFE APPLICATION UPON REQUEST**
**(Web Site Address :)**
**www.vaaangea.org**

Name: _____ New__ Renewal ___
*(Last)* *(First)* *(MI)*

DOB: _____ Rank: _____ H/Phone: ( ) _____

Home Address: _____ E-Mail:_____
(Street)
_____ Zip Code: _____
*(City)* *(State)*

**Membership: E-1 thru E-4 $15.00/per year-E-5 thru E-6 $20.00/per year-E-7 thru E-9 $25.00/per year**
**Three (3) year membership: E-1 thru E-4 $40.00 … E-5 thru E-6 $55.00 … E-7 thru E-9 $70.00**
**Associate Membership**: **$25.00/per year**

Spouse's Name: _____

Would your spouse be interested in VaA/ANGEA Auxiliary Membership? __Yes __No

Do you want a hard copy of the VaA/ANGEA's newsletter, the "CARDINAL", mailed to you? __Yes __ No

(Return this application with your check or money order to your Unit Representative or Area Representative or mail to above address)

**For AMEX**, **MASTERCARD, VISA, DISCOVER or Debit cards payment complete the following:**

Card Holder Name: _____ Phone: ( )_____
*(Print Name)*

Card Number: | | | | | | | | | | | | | | | | **Expires**_____
**(mo/year)**

Card Holder's Signature: _____

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