**VIRGINIA ARMY/AIR NATIONAL GUARD**
**ENLISTED ASSOCIATION AND EANGUS**
**P. O. Box 5826**
**Roanoke, VA 24012**

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 ___
(Print) (Last) (First) (MI)

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

Home Address:_____ E-Mail:_____
(Street)

_____ Zip Code: _____
(City) (State)

Membership: E-1 thru E-4 …. $10.00/per year E-5 thru E-6….$15.00/per year E-7 thru E9.…$20.00/per year
Three (3) year membership: E-1 thru E-4 ….$25.00 E-5 thru E-6 ….$40.00 E-7 thru E-9 ….$50.00
Associate Membership: $20.00/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 Enlisted Association'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: | | | | | | | | | | | | | | | | Expiration date _____
Month/Year

Card Holder's Signature: _____

Distribution copies: White - Executive Secretary Canary - Area Representative Pink - Member