Virginia Army/Air National Guard Enlisted Association

P. O. Box 5826 - Roanoke, Virginia 24012

Web Site: www.vaaangea.org

LIFE MEMBERSHIP APPLICATION

(Please print or type)

NAME: _____ **H/PHONE:** _____
(Last) (First) (MI)

SSN: _____ **DOB:** _____ **RANK:** _____ **GRADE:** _____
(m/d/y)

H/ADDRESS:

_____
(Street)

_____ **Zip:** _____
(City) (State)

AREA _____ **UNIT** _____ **UNIT PRN**_____

ARMY GUARD _____ **AIR GUARD** _____ **ASSOCIATE** _____ **RETIRED** _____

NAME OF SPOUSE: _____ **TODAY'S DATE:** _____

Would your spouse be interested in VaA/ANGEA Auxiliary membership? Yes _____ No _____

AMOUNT DUE BY AGE
(effective January 1, 2001)

AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT
18	$413.00	26	$341.00	34	$269.00	42	$197.00
19	404.00	27	332.00	35	260.00	43	188.00
20	395.00	28	323.00	36	251.00	44	179.00
21	386.00	29	314.00	37	242.00	45	170.00
22	377.00	30	305.00	38	233.00	46	161.00
23	368.00	31	296.00	39	224.00	47	152.00
24	359.00	32	287.00	40	215.00	48	143.00
25	350.00	33	278.00	41	206.00	49	134.00
						50	125.00

MINIMUM FEE: $125.00

(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: _____