

**MS NG NCO ASSOCIATION AUXILIARY
MEMBERSHIP APPLICATION**

YOUR NAME: _____

YOUR HOME ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

WEDDING ANNIVERSARY: _____ BIRTHDAY: _____

SPOUSE (NCO): _____ RANK: _____

UNIT ASSIGNED: _____ ARMY _____ AIR _____

CITY: _____ DISTRICT: _____

Spouse Current Member of MS NG NCO Association ____ Yes ____ No

Spouse MS NG NCO Association Membership Number _____

Did Spouse join NCO Association On-line? _____

CHECK ONE BELOW – LEVEL CHECKED WILL INDICATE DUES.

NEW ANNUAL MEMBER RENEWAL MEMBER ASSOCIATE MEMBER

\$13.00

\$13.00

MS AUXILIARY ONLY

\$5.00

ASSOCIATE MEMBER MS AUXILIARY AND EANGUS AUXILIARY

\$10.00

LIFE MEMBER EANGUS

LIFE MEMBER STATE

LIFE MEMBER (BOTH

(STATE ONLY) \$6.00

(EANGUS ONLY) \$9.00

STATE & EANGUS)

It is understood that by acceptance of this application and membership dues, I will be a member in good standing with the Mississippi National Guard Noncommissioned Officers Association Auxiliary. I agree to abide by the rules and regulations as set forth in the Constitution and Bylaws of the Auxiliary and that violation of the same is cause for revocation of membership.

DATE: _____ YOUR SIGNATURE: _____

PLEASE MAIL APPLICATION TO:
TREASURER PAT BURCHFIELD
2443 DOGWALK RD, TUTWILER, MS 38963

MAKE CHECKS PAYABLE TO:
MS NG NCO ASSN. AUXILIARY