LIFE MEMBERSHIP APPLICATION

ENLISTED ASSOCIATION NATIONAL GUARD OF KANSAS

(PLEASE PRINT ALL INFORMATION)

NAME: _____ / _____

LAST FIRST MI RANK/PAY GRADE

ADDRESS: _____

STREET/BOX CITY STATE ZIP+ 4

PHONE: HOME : ( ) _____ WORK: ( ) _____

E-MAIL: _____ Sponsors Name: _____

DATE OF BIRTH: YY/MM/DD [ ] [ ] [ ] SSAN: _____

SPOUSE NAME: _____ MEMBER OF AUXILIARY? YES [ ] NO [ ]

UNIT/ORGANIZATION: _____ UNIT CITY _____

YOUR CURRENT STATUS: CHECK ALL THAT APPLY

MDAY/TRADITIONAL [ ] TECH [ ] AGR [ ]

DUTY STATUS ACTIVE [ ] RETIRED [ ]

AMOUNT ENCLOSED: $ _____ CASH [ ] CHECK NUMBER: [ ]

TO USE CREDIT CARD SEE BELOW

MAIL APPLICATION TO: EANGKS, ATTN: TREASURER, PO BOX 841,TOPEKA , KS 66601-0841

LIFE MEMBERSHIP COMPUTATION (REGULAR AND ASSOCIATE)

AGE	AMT	AGE	AMT	AGE	AMT	AGE	AMT	AGE	AMT	AGE	AMT
18	$1136	25	$982	32	$828	39	$674	46	$520	53	$375
19	$1114	26	$960	33	$806	40	$652	47	$498	54	$375
20	$1092	27	$938	34	$784	41	$630	48	$476	55	$375
21	$1070	28	$916	35	$762	42	$608	49	$454	56	$375
22	$1048	29	$894	36	$740	43	$586	50	$432	57	$375
23	$1026	30	$872	37	$718	44	$564	51	$410	58, 59	$375
24	$1004	31	$850	38	$696	45	$542	52	$388	60+	$350

For MASTERCARD or VISA payment complete the following

Please Print

Card Holders Name:_____Phone (_____)_____

Card Number: ____\

Expiration Date: ________

Signature:_____