MEMBERSHIP APPLICATION FOR EANGKS

Please Print or Type

NAME: _____ _____/_____
LAST FIRST MI Rank / Pay Grade

ADDRESS: _____
Street/RR & BOX # City State ZIP+4

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

E-mail: _____. Sponsored by; _____

ORGANIZATION: _____
Military Unit/Organization City/State

Date of Birth: _____Social Security Number: _____
yy/mm/dd

Spouse First Name: _____ Include Auxiliary Dues $15.00 [_____]

Duty Status: (Check all that apply)

M-Day/Traditional [_____]; TECH [_____]; AGR [_____]; RETIRED [_____]

Army Guard [_____] Air Guard [_____] Associate [_____]

_____Regular Annual Membership dues-
(E-1 thru E-4 $20.00; E-5 thru E-7 $30.00, E-8 & E-9 $40.00)

_____Life Membership (see your Unit Representative for rates)

_____Associate Annual Dues- $40.00 (Officers & Civilians only)

_____Auxiliary Annual Dues- $15.00 (For your Spouse)

_____Auxiliary Associate Dues- $6.00 (You can be an Associate Auxiliary Member also)

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SEE www.EANGKS.org FOR OTHER EANGKS INFORMATION

Life Membership Membership package for Unit Scholarships
Insurance Programs Auxiliary Information Conferences

or Call (785) 242-5678 Greg Gilroy for more information Greg.Gilroy@earthlink.net
Fax (785) 242-3765 E-Mail EANGKS@earthlink.net Web: http://www.EANGKS.org

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Make check payable to **EANGKS** and Return with form to:
EANGKS, ATTN: Treasurer, PO Box 841, Topeka,KS 66601-0841

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For MASTERCARD or VISA payment complete the following

Please Print

Card Holders Name:_____Phone (_____)_____

Card Number: ________________________________\

Expiration Date: ________ Signature:_____