

## OHIO NATIONAL GUARD ENLISTED ASSOCIATION Membership Application

Last Name - First - Middle Initial

Street Address

City

State

Zip Code





Home Phone






Work/Cell Phone






Email Address \_\_\_\_\_

Branch \_\_\_\_\_

Rank/Grade \_\_\_\_\_

Guard Status:

 M-Day

 AGR

 Technician

 Retired

 Other

Unit/SUC \_\_\_\_\_

Sponsor \_\_\_\_\_

**P**  
**A**  
**Y**  
**M**  
**E**  
**N**  
**T**

 VISA/Master Card\*

 CHECK *(payable to EANGUS)*
 CASH

 MONEY ORDER

\*I authorize the payment of \$\_\_\_\_\_ for the cost of dues for membership in ONGEA to be charged to my credit card.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Card Number

Expires



3-Digit Code *(on back of card)*




**Mail Application and Payment to:** ONGEA Membership,  
c/o EANGUS, 3133 Mount Vernon Avenue, Alexandria, Va. 22314

### ANNUAL MEMBERSHIP

- |                                    |       |      |
|------------------------------------|-------|------|
| <input type="checkbox"/> Regular   | E1-E5 | \$15 |
|                                    | E6-E9 | \$30 |
| <input type="checkbox"/> Retired   |       | \$25 |
| <input type="checkbox"/> Associate |       | \$25 |

### LIFE MEMBERSHIP

- Life Member \*\$200  
*\*plus \$10 each year under age 50*

Date of Birth YYMMDD







Social Security Number







### CORPORATE MEMBERSHIP

- |                                   |         |         |
|-----------------------------------|---------|---------|
| <input type="checkbox"/> Platinum | Initial | \$1,000 |
|                                   | Renewal | \$100   |
| <input type="checkbox"/> Gold     | Initial | \$750   |
|                                   | Renewal | \$100   |
| <input type="checkbox"/> Silver   | Initial | \$500   |
|                                   | Renewal | \$100   |
| <input type="checkbox"/> Bronze   | Initial | \$250   |
|                                   | Renewal | \$100   |

## ONGEA Auxiliary Membership Application

Auxiliary Member: Last Name - First - Middle Initial

Street Address

City

State

Zip Code





\*\*\* DUES - \$15 \*\*\*

*(checks payable to ONGEA Auxiliary)*

Renewal \_\_\_\_ New \_\_\_\_ Associate \_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Spouse's Name \_\_\_\_\_

**Mail Application and Payment to:** ONGEA Auxiliary, 1299 Virginia Ave., Columbus, OH 43212