



**NORTH DAKOTA NATIONAL GUARD ENLISTED ASSOCIATION**

**LIFETIME MEMBERSHIP APPLICATION**

NAME (LAST, First MI)		RANK / GRADE:	
ADDRESS (Mailing):		SSN:	
CITY:	STATE:	ZIP:	
DATE OF BIRTH:	ACTIVE:	RETIRED:	ASSOCIATE:

**LIFETIME MEMBERSHIP FORMULA**  
**Age 49 and younger**

**Dues Amount:**  
**E4 & below \$13.00      E5-E6 \$15.00      E7-E9 \$20.00**

Please use the following computation when figuring your life membership:  
 $\$350 + (50 - \text{your age} \times \text{Dues amount}) = \text{Life Membership Dues}$   
 Example: E7 (Age 45)  $\$350 + (50 - 45 = 5 \times 20 = 100) = \$450$

COMPUTATION AREA

**LIFE MEMBERSHIP DUES FOR**  
**OVER AGE 50 IS \$350.00**

ASSOCIATE (Officers or others who are not enlisted members of the ND Air or Army National Guard)  
 \$100 This is for state membership only!

**Please make checks payable to: NDNGEA**

Mail Payment and Application to:

**ARNG**  
**1SG Jeff Barta**  
**1608 1<sup>st</sup> Ave SE**  
**Minot, ND 58701**

**ANG**  
**MSgt Chuck Kasin/MXOOP**  
**1400 28<sup>th</sup> Ave N**  
**Fargo, ND 58102-1051**

**For MasterCard / Visa & Discover payments complete the following information below:**

NAME OF CARD HOLDER (exactly as on the credit card)		PHONE:
CARD NUMBER:	EXP DATE	
SIGNATURE:		DATE:

**THANK YOU FOR YOUR MEMBERSHIP IN THE NORTH DAKOTA NATIONAL GUARD ENLISTED ASSOCIATION**

Dtd 9 Mar 06 (all other forms are obsolete and must be destroyed)