



Dedicated Service to our Soldiers and Airmen



**Membership Form - EANGUS and CAL-EANGUS
California Enlisted Association of the National
Guard of the United States**

Name: _____ Rank: _____ Date: _____

Mailing Address: _____
Number Street Apt. No.

City State Zip

Home Phone: _____ Work Phone: _____ DOB: _____

Cell Phone: _____ Email: _____

Dates of Service: From: _____ To: _____ Unit: _____
Month/year Month/Year

Check Type of Membership: ___ ARNG ___ ANG ___ Associate ___ Corporate

Check Status: ___ AGR ___ Tech ___ M-Day ___ Retiree ___ SAD ___ SMR

Name of Spouse: _____ Auxiliary Member: ___ Yes ___ No

Referred by: _____

Media: ___ EANGUS Website ___ CAL-EANGUS Website ___ Twitter ___ Facebook

Signature: _____ Date: _____

Dues include both State and National dues. Make check payable to Cal-EANGUS and send to the following address:
Membership Coordinator, 1662 Crater Lake Avenue, Milpitas, CA 95035

Dues: \$21.00 Annual Dues (E1-E4)
\$30.00 (E5-E6)
\$40.00 (E7-E9 and Associates)
Corporate (\$500 per year)
Life Membership Full Payment (\$500.00) , for age 50 or older
(under 50, pay \$500 + dues for each yr under age of 50 based on the rank held at the time of application.)

Total Dues and Donations: *Payment can be made in check, debit card or credit card.*

Debit/Credit Card Name: _____
Debit/Credit Card Number: _____
Expiration Date: _____

Dues Total: _____
Optional: _____
General Donation: _____
Scholarship Donation: _____
Sponsor Jr. Enlisted: _____
Total Payment: _____