

MISSISSIPPI NATIONAL GUARD  
NONCOMMISSIONED OFFICERS ASSOCIATION

**APPLICATION FOR ASSOCIATE LIFE MEMBERSHIP**

Please PRINT or TYPE the following information:

Associate Life Card Number: \_\_\_\_\_  
[Association Use Only]

Name: \_\_\_\_\_  
(Last, First, MI)

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City, State, Zip Code)

If Military: Rank: \_\_\_\_\_ ARNG: \_\_\_ ANG: \_\_\_ Active: \_\_\_ Retired: \_\_\_

Unit of Assignment: \_\_\_\_\_  
(If Retired, Last Unit Assigned)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Make check or money order for \$50.00 payable to address below:**

**Mail To:** MS NG NCO Association  
P. O. Box 699  
Brandon, MS 39043

Upon approval, you will be issued an Associate Life Membership Card which will entitle you to Associate Member benefits, but does not entitle you to vote or hold office.