

MISSISSIPPI NATIONAL GUARD
NONCOMMISSIONED OFFICERS ASSOCIATION

APPLICATION FOR ASSOCIATE MEMBERSHIP

Please PRINT or TYPE the following information:

Associate 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 \$ 10.00, payable to: MS NG NCO Assn.

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

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