

SGAUS Membership Application/Renewal Form

To apply for or renew your membership, please print, complete, and mail the following form to:
State Guard Association of the United States
P.O. Box 1416, Fayetteville, Georgia 30214-1416
Phone: (770) 460-1215

Please print or type the requested information.

New Membership

Renewal
 Membership Number _____

Name (Last):

First:

MI:

Rank:
 (i.e. Mr., MSG, COL(AL), MAJ(AUS Ret))

SSAN:

Source of Rank: Please indicate the authority that granted you your current rank:

Federal Government: _____ State Government (SDF or StateGuard): _____

Active: _____ Reserve: _____ National Guard: _____

State? _____ Other: (Please be specific) _____

Status: Please indicate your current service status with the organization that granted your rank:

Active: Federal _____ SDF: _____ Other: _____

Inactive: Federal _____ SDF: _____ Other: _____

Retired: Federal: _____ State: _____ Other: _____

Mailing Address:

City:

State:

ZIP:

Phone (H):

Phone (W):

Email:

Fax:

State of Membership:

Unit or Affiliation:

Please indicate your profession or area of specialty:

Recruited by:

DUES	1 year	3 years	5 years	SGAUS Dues:	\$
Enlisted/NCO	\$16	\$45	\$75	Tax-Deductible SGAUS Foundation Donation:	\$
Officer/Civilian	\$25	\$70	\$115	State/Chapter Dues:	\$
General Officer	\$30	\$85	\$140	Enclosed is my check payable to SGAUS:	\$

Note:

If dues are paid through your state chapter, your membership card will be mailed when dues are received by the SGAUS National Office.

Signature:

Date: