2024 NGAAZ/NGAUS Membership Application						
A FEW REASONS TO JOIN:  Make a difference! Take care of the organization that takes care of YOUR Soldiers and Airmen!  You are a Professional, this is your Professional Organization.  Legislation that affects you, your unit and National Security Stay informed with National Guard Association publication Online access to today's issues of the Army and Air Guard.  Interface with your peers who have common interests.  Your Military Pension is not State Taxed!  ARIZONA FOCUS  Discounted Arizona College Tuition and Tuition Assistance. Require all Arizona Licensed Doctors to accept TriCare. Clothing allowance for Officers.  SSLI provided as state benefit!  Insure Benefits Briefings are provided to all AZNG member Members every 12-18 months.  HELP US ADD TO THE LIST OF STATE FOCUS/PRIORITIES.	Please check one:  State and National (NGAAZ and NGAUS)  * NOTE: See rate table below  Retired Life (\$125)  Active Life (Full - \$1,000)  Active Life (Partial)  ** \$250 Down, Balance \$750 within 24 months  Digital Life (Full \$500)  NEW!! - Same as Active Life-Digital Publications Only  # Newly Commissioned Officer (OTS, OCS, WOCS)  Date of Commission:  New Officer To Guard (Transfer from Active Duty or Reserves) Date Joined:  # Newly commissioned warrant officers and officers new to the National Guard or any Officer (regardless of rank) never a member of NGAUS will receive the remainder of their first year and the second year free.					
DUES BY GRADE PAY GRADE TOTAL	1 JAN 24 - 31 DEC 24 <u>PAY GRADE</u> <u>TOTAL</u>					
O-1 \$ 45	WO1 \$ 45					
O-1 \$ 45 O-2 \$ 45 \$ 45	CW2 \$ 45					
O-3 \$ 45	CW3 \$ 45					
O-4 \$ 100	CW4 \$ 100					
Field Grade O-5 \$ 100	CW5 \$ 100					
O-6 \$ 100	Retired Life — \$ 125					
<sub>ಲ್ಲ</sub> O-7 \$ 150	Active Life (Full) \$1,000  Active Life (Partial)** \$250**					
Hade O-7 \$150	Active Life (Partial)** \$ 250**  ** Payment Plan: \$250 down, Balance of \$750 within 24 Months **					
Please return complete form	Digital Life \$ 500					

Please return complete form

☐ I want to Sponsor the Membership Dues for:

Rank / Name	Unit	
Address		
City, State, Zip		
Civilian Email Address		
Cell Phone		
Work Phone		
Today's Date		

PAY ON LINE AT: www.ngaaz.org

			rm		

Check #	Amount	Date	
Name (As it A	ppears On Cre	dit Card)	
Credit Card N	umber		Exp. Date
Amount			
Signature			
MAIL OR	EMAIL Completed forn	ı to:	
Nationa	l Guard Associati	on of Arizona	
5640 E.	McDowell Rd		
Dhaasi	A 7 0 5 0 0 0		\

Phoenix, AZ 85008 paul.aguirre@ngaaz.org Office use: \_\_\_\_ XLS \_\_\_\_DG \_\_\_