

**2017 Missouri National Guard Association  
Pay-by-Mail Membership Form**

**Directions:** Print a copy of this form, complete the form, and mail the completed form with a check (payable to “MoNGA”) *or* the requested credit card information (Visa, MasterCard, American Express, or Discover) to:

*Dr. Joel D. Denney, Executive Director  
Missouri National Guard Association  
Missouri National Guard Headquarters  
2302 Militia Drive  
Jefferson City, Missouri 65101-1203*

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**Member Profile Information—**

- 1. Last Name: \_\_\_\_\_
- 2. First Name: \_\_\_\_\_
- 3. Middle Initial: \_\_\_\_\_
- 4. Spouse Name: \_\_\_\_\_
- 5. Preferred Email: \_\_\_\_\_  
    ("dot mil addresses" not recommended)
- 6. Pay Grade: \_\_\_\_\_
- 7. Rank: \_\_\_\_\_
- 8. Major Command: \_\_\_\_\_
- 9. Unit: \_\_\_\_\_
- 10. Home Mailing Address—
  - a. Street/POB \_\_\_\_\_
  - b. City \_\_\_\_\_
  - c. State \_\_\_\_\_

d. Zip Code \_\_\_\_\_

11. Preferred Telephone: \_\_\_\_\_

**Payment Information—**

**If paying by check . . .**

**Check Number:** \_\_\_\_\_

**If paying by credit card . . .**

**Card Type (Visa, MasterCard,  
American Express, Discover):** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**CVV Number/Card Security Code  
(Located on Back Side of Card):** \_\_\_\_\_

**Zip Code of Card  
Billing Address:** \_\_\_\_\_