

**2018 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*

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: _____