

**2018/2019 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:** _____