

ENLISTED ASSOCIATION  
NATIONAL GUARD OF KANSAS  
**OFFICER NOMINATION FORM**

CANDIDATE FOR \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

CURRENT HOME ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

Alt EMAIL \_\_\_\_\_

MILITARY UNIT \_\_\_\_\_ RANK \_\_\_\_\_

TYPE MEMBER: ANNUAL  (or) **LIFE**  CURRENT EANGKS CARD # \_\_\_\_\_

ARE YOU WILLING TO TRAVEL? \_\_\_\_\_

CAN THE CANDIDATE ATTEND:

EXECUTIVE COUNCIL MEETINGS? \_\_\_\_ AREA IV MTGS? \_\_\_\_ NATIONAL MTGS? \_\_\_\_

MILITARY EDUCATION: \_\_\_\_\_

\_\_\_\_\_

CIVILIAN EDUCATION: \_\_\_\_\_

\_\_\_\_\_

MILITARY EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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CIVILIAN EXPERIENCE: \_\_\_\_\_

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STATE ENLISTED ASSOCIATION EXPERIENCE: \_\_\_\_\_

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NATIONAL ENLISTED ASSOCIATION EXPERIENCE: \_\_\_\_\_

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MILITARY AND CIVILIAN MEMBERSHIPS AND ASSOCIATIONS:

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**AGREEMENT**

By signing below I acknowledge that I will abide by the current by-laws and administrative procedures of the Association. I understand I need to attend Executive Council meetings either by phone or in person. Missing two or more consecutive meetings without being excused by the President or President Elect of the Association is grounds for removal from my position. I also understand that I will provide a simple report when called for by the President and at least quarterly.

APPLICANT SIGNATURE: \_\_\_\_\_

MEMBERSHIP VERIFIED BY: \_\_\_\_\_

EXECUTIVE DIRECTOR

DATE

Mail form to: EANGKS, Post Office Box 841, Topeka, Kansas 66601

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