

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: _____

CIVILIAN EXPERIENCE: _____

STATE ENLISTED ASSOCIATION EXPERIENCE: _____

NATIONAL ENLISTED ASSOCIATION EXPERIENCE: _____

MILITARY AND CIVILIAN MEMBERSHIPS AND ASSOCIATIONS:

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
