

North Carolina National Guard Association

Life Membership Payment Application

If you would like to become a Life Member of the NCNGA through four monthly payments of \$125, to total \$500, please fill out this form and return it to the NCNGA office by mail or email it to erin@ncnga.org.

| FIRST NAME | M.I. | LAST NAME | E <i>l</i> | MAIL ADDRESS |
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| ADDRESS | CI | TY | STATE | ZIP CODE |
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| CARD NUMBER | EXPIRA | ATION DATE | CCV CODE | BILLING ZIP |
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| SIGNATURE | | ı | DATE | |