

**PLEASE TYPE ALL INFORMATION
(LIST CHANGES ONLY)**

Association Name		Combined Association? (Officer/Enlisted?) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Association Mailing Address		PLEASE JUST SHOW CHANGES ON THIS FORM		
Association Phone Number	DSN			Association Fax Number
Association Email Address	Association Website Address			
Name of Executive Director		Please email headshot JPG file size over 500k	Check one: <input type="checkbox"/> F/T <input type="checkbox"/> P/T Executive Director since (date):	
Executive Director's Address (if different from Association)	City/State/Zip		Phone Number (if different from Assn)	Email Address
Name of President		Tenure Ends (month/year)		
President's Address (if different from Association)	City/State/Zip	Phone Number (if different from Assn)	Email Address	
Name of President-Elect				

PAID STAFF (please list any changes from last year's directory)

Name	Title	Check one:	
		P/T or F/T <input type="checkbox"/> <input type="checkbox"/>	
		P/T or F/T <input type="checkbox"/> <input type="checkbox"/>	
		P/T or F/T <input type="checkbox"/> <input type="checkbox"/>	
		P/T or F/T <input type="checkbox"/> <input type="checkbox"/>	

CONFERENCE DATES		
YEAR	DATES	CITY
2018		
2019		
2020		

INSURANCE

Name of Insurance Administrator	Carrier
Insurance Administrator's Address (if different from Assn)	City/State/Zip
	Phone Number (if different from Assn)

INSURANCE STAFF (list only if employed by Assn)

Name	Title
Name	Title
Name	Title

ADJUTANT GENERAL INFORMATION
(if different from last year's directory)

Name		
Address		City/State/Zip
Phone No.	DSN	Fax No.

Authorized signature _____ Date _____

Please mail or E-Mail form to:
NGEDA, Attn: Michele J. Henry, NGAKS, 125 SE Airport Dr., Topeka, KS 66619
ngaks@aol.com 785-215-4787