

**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