

# NGEDA Directory State Association Update Form

## (LIST CHANGES ONLY)

Association Name

Combined Association?  
(Officer/Enlisted?)  
Yes | No

Association Mailing Address

**PLEASE JUST SHOW CHANGES**

Association Phone Number

DSN

Association Fax Number

Association Email Address

Association Home Page Address

Name of Executive Director

Check one: F/T | P/T

Executive Director's Address  
(if different from Association)

City/State/Zip

Phone No.  
(if different from Assn)

Email Address

Name of President

Tenure Ends (mth/yr)

President's Address  
(if different from Association)

City/State/Zip

Phone No.  
(if different from Assn)

Email Address

Name of President-Elect

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

Name	Title	Circle one: P/T or F/T

CONFERENCE DATES		
YEAR	DATES	CITY
2013		
2014		
2015		

**INSURANCE**

Name of Insurance Administrator

Carrier

Ins Administrator's Address  
(if different from Assn)

City/State/Zip

Phone No.  
(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, E-Mail or fax form to:**  
NGEDA, Attn: Rob Casias, 3706 Crawford Avenue, Austin, TX 78731-1045  
[rcasias@ngat.org](mailto:rcasias@ngat.org) Fax: 512-467-6803