

NATIONAL GUARD ASSOCIATION OF THE UNITED STATES

# State Support Request



NAME	DATE OF BIRTH	PHONE
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NAME OF CURRENT POLYMER	PHONE	EMAIL ADDRESS
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ADDRESS (CURRENT POLYMER)	PHONE	EMAIL ADDRESS
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## NGAUS Support and/or Briefings

Learn more about the efforts of your organization and what we're doing for members at a national level. Also hear about what you can do at a local or regional level. Check all categories of interest or list or know specific topics of interest you'd like to know more about.

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|--|--|---|
| <input type="checkbox"/> NGAUS President                             | <input type="checkbox"/> NGAUS Chief of Staff                  | <input type="checkbox"/> Membership & Benefits          |
| <input type="checkbox"/> NGAUS Insurance Trust                       | <input type="checkbox"/> Legislative Affairs                   | <input type="checkbox"/> Industry/Corporate Membership  |
| <input type="checkbox"/> Communications, Publications & Social Media | <input type="checkbox"/> National Guard Educational Foundation | <input type="checkbox"/> Other (Specify Staff or Topic) |

Please specify the date and time that you would like a NGAUS staff to perform their briefing.

DATE	TIME
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Note: The NGAUS representative(s) may bring an exhibit display and promotional material. NGAUS support of your function is at no charge to the state. NGAUS assumes that exhibit space will be provided at no charge. Please advise if exhibit space is available.

COMMENTS
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### Please return to the NGAUS Executive department:

National Guard Association of the United States | 6770 | Labechia Williams

One Massachusetts Avenue, NW, Suite 200 | Washington, D.C. 20007

Phone: (202) 462-5294 | Fax: (202) 662-6771 | Email: labechia.williams@nga-us.org