



**MINNESOTA NATIONAL GUARD ENLISTED ASSOCIATION
NOMINATIONS APPLICATION**

Date of Application: _____

NAME: _____ **RANK** _____

CANDIDATE FOR: _____

HOME ADDRESS: _____

HOME PHONE: _____ **WORK/CELL PHONE:** _____

EMAIL ADDRESS: _____

MILITARY UNIT: _____ **POSITION:** _____

MILITARY EDUCATION: _____

CIVILIAN EDUCATION: _____

ASSOCIATION EXPERIENCE: _____

MILITARY EXPERIENCE: _____

CIVILIAN EXPERIENCE: _____

APPLICANT SIGNATURE: _____