

**State Guard Association of the United States
Military Emergency Management Specialist Academy
Application for Enrollment**

Check one: Basic Senior Master SGAUS Member Exp.Date: _____

Prior MEMS Certification (if applicable): _____

Full Name and

Rank: _____

Mailing Address: _____

City, State and Zip Code: _____

Home Phone: () _____

Cell Phone: () _____

Work: () _____

Email Address: _____

Military Unit (if applicable) _____

Contact information for CO or

Supervisor: _____

Civilians Only: Agency and Address:

Participation in the MEMS Academy is Free for SGAUS members: The MEMS Academy charges non-SGAUS members Associate Member Fees to defray program costs. The participation fee for Non-SGAUS members is twice the annual fees for civilian members of SGAUS.

Participants must attach the following documents to this application, Transcripts, Certificates, Bio (if Applicable), practicum, and any further documents to show completion of the MEMS level you are applying for. These documents will then be mailed to your State Director or Civilian Director for verification and issuance of your MEMS Certification.

As a condition of participation I certify that all the information contained in this application and attached documents are correct and complete to the best of my knowledge.

I have read the MEMS Student Handbook, and I am in compliance with all the requirement of the MEMS Level I am applying for.

Your Signature: _____ Date: _____

Supervisor Verification: _____