



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

Check one:  Basic  Senior  Master SGAUS Membership Expiration Date: \_\_\_\_\_

Full Name, Rank: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_

Work: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Military Unit (if applicable): \_\_\_\_\_

Name and rank of the person who recruited you into the MEMS Academy:

\_\_\_\_\_

**Civilians Only:**

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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For membership fees and SGAUS membership expiration dates, please visit the SGAUS Website.

When applying for a Senior or Master MEMS level, Students must attach a copy of the MEMS completion certificate as proof of enrollment in the advanced MEMS Academy Program.

**As a condition of participation, I certify that all of the information contained in this application and attached documents are correct and complete to the best of my knowledge. I have read the MEMS Academy Student Handbook, and I am in compliance with all of the requirements of the MEMS level for which I am applying.**

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_