



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

Check one: ☐ Basic ☐ Senior ☐ Master ☐ LNO ☐ Professional Manager ☐ Executive Manager

SGAUS Membership Expiration Date:

Full Name (Rank, if applicable): \_\_\_\_\_

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

\_\_\_\_\_

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

Country, if outside the United States: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Work: (     ) \_\_\_\_\_ - \_\_\_\_\_

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

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

Name of the person who recruited you into the MEMS Academy: \_\_\_\_\_

**Civilians Only:**

Agency/Military Academy: \_\_\_\_\_

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

\_\_\_\_\_

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

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 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: \_\_\_\_\_