



EANGUS-ID AUXILIARY MEMBERSHIP APPLICATION  
ANNUAL DUES \$15.00

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Spouse \_\_\_\_\_

Rank \_\_\_\_\_ Unit \_\_\_\_\_

Unit Location \_\_\_\_\_

E-mail \_\_\_\_\_

New Member \_\_\_\_\_ Renewal \_\_\_\_\_

Signature \_\_\_\_\_

Please send application and check/money order made payable to  
IDAHO EANGUS AUXILIARY to

Denise Elliott, Auxiliary President/ Treasurer  
1517 W. Powder Ct.  
Eagle, Id 83616  
[goose2ski@yahoo.com](mailto:goose2ski@yahoo.com)

Welcome to EANGUS-ID Auxiliary

**"SIDE BY SIDE WE STAND WITH PRIDE"**