



MAKE COPIES OF THIS PAGE AND GIVE THEM TO FRIENDS ELIGIBLE TO JOIN THE CHAPTER

**MOAA CHAPTER MEMBERSHIP APPLICATION or RENEWAL**

Eligible persons: Retired, Former or Active duty Commissioned or Warrant Officers of the seven uniformed services of the United States, and surviving spouses (eligible for Auxiliary Membership) of persons who would have been eligible, if living. Applicants for membership in the Central Florida Chapter are required to be members of National MOAA. Dues are presently **\$15 per year (\$10 for Auxiliary)**. Please complete all applicable portions below and mail check payable to "**MOAA, CFC, Inc**" to the address indicated in "Amount enclosed" box, below. This is my membership Application, or Renewal (Note, if this is a Renewal, complete the form only if there are changes - otherwise, just sign and enclose your check).

1. NAME (please print, first, MI, last) \_\_\_\_\_
2. Address \_\_\_\_\_ City \_\_\_\_\_ FL, ZIP \_\_\_\_\_
3. Telephone# \_\_\_\_\_ Spouse (if applicable) \_\_\_\_\_
4. E-mail address, if applicable \_\_\_\_\_ @ \_\_\_\_\_
5. Birth date \_\_\_\_\_
6. National MOAA (TROA) member# (from mailing label of The Military Officer magazine) \_\_\_\_\_

For Regular Membership

(Check as applicable)

- Retired Officer \_\_\_
- Former Officer \_\_\_
- Active Duty Officer \_\_\_
- Rank/Grade \_\_\_

Service:

- Army \_\_\_
- Navy \_\_\_
- Marine Corps \_\_\_
- Air Force \_\_\_
- Coast Guard \_\_\_
- USPHS \_\_\_
- NOAA \_\_\_

For Auxiliary Membership (Complete items 1, 2, 3, 4, 5 and 6, above, plus the following)

Deceased Spouse name (First, MI, Last) \_\_\_\_\_

Spouse service \_\_\_\_\_ Grade/rank \_\_\_\_\_

**YOUR PARTICIPATION IN VARIOUS CHAPTER ACTIVITIES IS URGENTLY NEEDED AND WILL BE MOST SINCERELY APPRECIATED. PLEASE CHECK ONE (OR MORE) AREAS YOU WOULD BE WILLING TO HELP IN:**

Meeting programs \_\_\_

Ceremonies (Patriotic events) \_\_\_

Chapter Officer \_\_\_

Personal Affairs \_\_\_

Membership recruitment \_\_\_

Newsletter (editor, get ads, etc.) \_\_\_

Reservations (take phone calls, check in members at meetings) \_\_\_

ROTC/JROTC (coordinate program and/or make presentations at schools' awards functions) \_\_\_

OTHER \_\_\_\_\_

**ALL APPLICANTS PLEASE SIGN: X** \_\_\_\_\_

New member referred by \_\_\_\_\_

**Amount enclosed:**

Dues

Regular \$15           \$ \_\_\_\_

**OR**

Auxiliary \$10       \$ \_\_\_\_

ROTC/JROTC

(Voluntary)         \$ \_\_\_\_

Community Service

(Voluntary)         \$ \_\_\_\_

**Total enclosed     \$ \_\_\_\_**

**Please make checks payable to:**

**MOAA CFC, Inc.\* and mail to:**

**PO Box 141025**

**Orlando, FL 32814-1025**

**Publish my name in the roster**

**Yes**\_\_\_

**No** \_\_\_