

APPLICATION FOR MEMBERSHIP

The information below is needed for National MOAA informational requirements, New River Chapter information, and to prepare a Chapter Roster which is furnished to all members for their information and personal use.

Date:	Full Name: **				
Rank:	Service:	Wido	Widow(er):		
Active Duty:	Former Officer:	Regular:	Reserve:	National Guard:	Retired:
(** If a widow o	or widower, use your ov	wn name, addre	ss, etc., but show	v deceased spouse's rank	and service.)
Spouse's Name:					
E-mail Address:					
I am I am	not now a member	er of MOAA*.	MOAA Membe	r No.:	
* Membership in	n National MOAA is re	equired. Chapte	r membership du	ues are \$20.	
Birth Date:			Date of Retirement:		
Home Phone No.:			Business Phone No.:		
Employer:					
Period of Active	Duty Military Service	- From:		To:	
Comments:					
Signature:					

Please mail Form with your check to: New River Chapter, MOAA, P.O. Box 1202, Jefferson, NC 28640

<u>Membership Requirements</u>: Commissioned and Warrant Officers of the seven Uniformed Services (Army, N avy, Air Force, Marine Corps, Coast Guard, National Oeanic and Atmspheric Admnistration, and U. S. Public Health Service) and the reserve and other components of these services (regular members). Widows and widowers of any deceased individual, who would, if living, be eligible for membership (Auxiliary members). Regular members must hold and maintain membership in both National MOAA and Chapter. Auxiliary members are encouraged, but not required, to hold such membership.













