



ANNAPOLIS CHAPTER MILITARY OFFICERS ASSOCIATION OF AMERICA  
APPLICATION FORM FOR MEMBERSHIP / RENEWAL

Date: \_\_\_\_\_

\_\_\_\_ I am applying as a new member in the Annapolis/MOAA Chapter.

\_\_\_\_ I am renewing my membership in the Annapolis/MOAA Chapter.

I am \_\_\_\_/am not \_\_\_\_ a member of MOAA national.

If a MOAA national member, is it a lifetime membership? Yes \_\_\_\_ No \_\_\_\_

MOAA Member Number \_\_\_\_\_ (Member number may be found on magazine mailing label.)

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

Rank \_\_\_\_\_ Military Service \_\_\_\_\_ Current Status \_\_\_\_\_  
(Status: Active, Retired, Former Officer, Reserve,  
National Guard or Widow(er))

Chapter Committee Preference: \_\_\_\_\_ (Membership, Legislative, Programs, Support)

Mail Address:

Number and Street \_\_\_\_\_ Apartment Number \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_

Enclosed are my chapter dues for:

\_\_\_\_\_ 1 Year: \$20 per year (2012) \_\_\_\_\_ 3 Years: \$ 55 (2012, 2013, and 2014)

Make check payable to **"MOAA-Annapolis Chapter"** and send to:

**MOAA-Annapolis Chapter**  
Post Office Box 3439  
Annapolis, Md. 21403

For Chapter use only: Recorded into Data Base \_\_\_\_\_ Mailing Label Prepared \_\_\_\_\_ Dues Paid List \_\_\_\_\_

