



MEMBERSHIP APPLICATION FORM

Albuquerque Chapter of the Military Officers Association of America

Eligible for membership: Commissioned or Warrant Officers, or their Surviving Spouses
Army—Marine Corps—Navy—Air Force—Coast Guard—Public Health Service—National
• Oceanic & Atmospheric Administration

Regular-Reserve-National Guard-Active Duty-Retired-Former Officers

Please Print Clearly



- Enroll me as a REGULAR MEMBER at \$24.00 for one year.
- Enroll me as a SURVIVING SPOUSE MEMBER (as the surviving spouse of a deceased officer) at \$12.00 for one year.
- Enroll me as an ASSOCIATE MEMBER (non-military & enlisted) at \$15.00 for one year.
- Enroll me for FREE Membership for remainder of current year as REGULAR or SURVIVING SPOUSE applicant, receiving Newsletter electronically.

I wish to donate \$ _____ to the Chapter's Giving Program, and my check includes this amount. I realize that the donation is Federal and State tax-free.

First Name Middle Initial Last Name Rank Service Spouse's Name

Street Apt City State ZIP+4 Telephone Numbers

E-Mail Address: _____ National Membership Number: _____

(Active Duty, Retired, Former Officer) (Regular, Reserve, National Guard) (Male, Female)

Would you be willing to assist in the operation of the Albuquerque Chapter of MOAA? If so, what would be your main area of interest?

Legislative Affairs, Public Relations, Membership, Scholarship & Award, Personal Affairs, Legal Counsel

Newsletter, Chaplain, Finance, Programs & Activities, Data Processing Other _____

Do you have an interest in any of the following clubs: Breakfast Club, Ski Club, Tours/Events, Golf?

Please make check payable to: **Albuquerque Chapter, MOAA**

Mail to: **Membership, Albuquerque Chapter, MOAA
P.O. Box 5071**

Applicant's Signature: _____ Date: _____

Albuquerque, NM 87185-5071

MOAA Membership Application Form 10-16

Visit us on the web at www.albumoaa.org