

APPLICATION FOR MEMBERSHIP IN THE NEW HAMPSHIRE CHAPTER

Military Officers Association of America

Referred By: _____

Annual dues of **\$19.00** is payable with this application

_____ Date

(MOAA membership is strongly recommended in addition to Chapter membership)

Last Name

First Name

Middle Initial

Rank

Number & Street

City

State

Zip

+4

Telephone No.

(Day)

(Month)

(Year)

Birthday

Email Address

I belong to MOAA, Yes ___ No ___

MOAA # _____

Spouse's Name

Signature

Check ALL Applicable Boxes

Status

Retired

Active Duty

Former Officer

Regular

Reserve

National Guard

Surviving Spouse*

Service

Army

Navy

Air Force

Marine Corps

Coast Guard

USPHS

NOAA

(Surviving spouse's annual dues are **\$10.00**)

(*Fill in own name, Birthday, etc./spouse's rank/service)

MAIL TO:

NH Chapter of MOAA

P O Box 712

Dover, NH 03821-0712