

THE LARGER OUR NUMBERS, THE GREATER OUR VOICE.

PHOTO: SENIOR AIRMAN ZACHARY FOSTER/USAF

MEMBERSHIP ENROLLMENT FORM FOR MOAA AND

MEMBER PROFILE

NAME _____

RANK _____ BRANCH OF SERVICE _____

ACTIVE RETIRED FORMER RESERVE NATIONAL GUARD SURVIVING SPOUSE

SPOUSE NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ TELEPHONE _____

EMAIL (REQUIRED) *To ensure deliverability of MOAA communications, please provide a personal email without a ".mil" or ".edu" domain.*

CHAPTER MEMBERSHIP AND DUES INFORMATION:

CHAPTER INVOLVEMENT

HOW DID YOU HEAR ABOUT MOAA CHAPTER INVOLVEMENT? _____

ARE YOU A MEMBER OF ANY OTHER MOAA CHAPTER(S)? YES NO

IF YES, WHICH ONE(S)? _____

COMPLETE YOUR ENROLLMENT

- Fill in this form on your computer, save it, and email it as an attachment to _____
- Do not include credit card information. We will contact you to finalize payment if required; or
- Mail the completed form to _____ with a check made out to _____ ; or
- Go online to _____

MAKE THE MOST OF YOUR MEMBERSHIP

Explore the added value of PREMIUM and LIFE membership — expert career support, transition resources, personalized pay and benefits consultations, and more — at www.MOAA.org/join.



MOAA NATIONAL ARE YOU ALREADY A MOAA MEMBER? YES NO

MOAA MEMBER NUMBER (IF KNOWN) _____

If you're eligible and not yet a member, you'll receive a free BASIC membership and e-communications from MOAA and your local chapter. We value your privacy. Visit www.moaa.org/privacy for details. You will be able to opt out of any further e-communications at any time.