MEMBERSHIP APPLICATION

Military Officers Association of Green Valley
P.O. Box 769
Green Valley, AZ 85622-0769

Name:_____
Last **First** **MI**

Mailing Address:_____
Street or P.O. Box

_____
City **State** **Zip**

Date of Birth:_____ **Phone #:**_____

E-Mail_____ **MOAA #** _____

Type of Membership desired (check one)

Regular:_____ **Auxiliary:** _____
($20 annual dues) **(Spouse of active member or surviving spouse $10 annual dues)**

Regular members, please complete below

Rank:_____ **Spouse's First Name:** _____

Branch of Service:

Check one: **USA____ USMC____ USN____ USAF____ USCG____ USPHS____ NOAA____**

Status (check one): **Retired___ Active Duty___ Reserve/Guard___ Former officer___**

All Members, please check all that apply:

____ I am interested in receiving the Chapter monthly newsletter by e-mail

____ I am not a National MOAA member, but I desire to become a National member

____ I desire to become active in chapter affairs (Board member, Committee chair, Volunteer, etc.)

Please mail check made out to MILITARY OFFICERS ASSOCIATION OF GREEN VALLEY to the above address