



APPLICATION FOR WICMOAA MEMBERSHIP



Regular Member Surviving Spouse Associate Member

Name: Spouse's Name:
(Last) (First) (Middle Int.) (Last) (First)

Rank: Service: Check One: Active Duty Reserve Natl. Guard Retired

MOAA Member No: (**See Note below if not a National MOAA member) Former Officer

Address:
(Street or P.O. Box) (City) (State) (Zip)

Phone Number: E-Mail Address: Birthday:

I do not wish to receive Chapter Newsletter by E-mail I do not wish to receive Legislative Updates by E-Mail

Please enclose Chapter Membership dues: \$25 for Regular and Associate or \$15 for Surviving Spouse. Applications and dues received after 1 Oct. are applied to the following year.

Signature _____ Date _____

Thank You for Joining the Whidbey Island Chapter of the Military Officers Association of America (WICMOAA)

ORDER A NAME TAG (Please include an additional \$15 for each name tag ordered.)

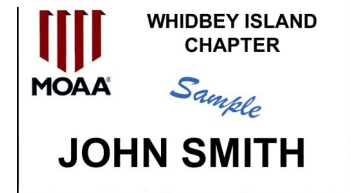
To order Name Tag(s) for yourself and/or your spouse please include the following information.

Print the name exactly as you want it printed:

Check box for clasp type: Military Clutch Magnetic

Print the name exactly as you want it printed:

Check box for clasp type: Military Clutch Magnetic



Make check for application and name tag(s) payable to: WICMOAA. Mail to: WICMOAA
PO Box 255
Oak Harbor, WA 98277

**** Join National MOAA at www.MOAA.org and click on Join****

