



**MEMBERSHIP APPLICATION**  
**DOVER DELAWARE CHAPTER of MOAA, Inc.**

PLEASE APPLY FOR CHAPTER MEMBERSHIP BY PRINTING THE FOLLOWING:

YOUR NAME & DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRINTED NAME OF SPOUSE & DATE OF BIRTH: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PLEASE CHECK TYPE OF MEMBERSHIP DESIRED: REGULAR \_\_\_\_\_ SURVIVING SPOUSE \_\_\_\_\_

THE FOLLOWING APPLIES FOR REGULAR MEMBER APPLICANTS:

BRANCH OF SERVICE : \_\_\_\_\_

FROM (MONTH & YEAR) \_\_\_\_\_ TO (MONTH & YEAR) \_\_\_\_\_

HIGHEST RANK HELD : \_\_\_\_\_

I AM: ON ACTIVE DUTY \_\_\_\_\_ RETIRED \_\_\_\_\_ PRIOR SERVICE \_\_\_\_\_

MY (OR DECEASED SPOUSE’S) NATIONAL MOAA MEMBER NUMBER IS: \_\_\_\_\_

I INTEND TO APPLY FOR NATIONAL MOAA MEMBERSHIP: YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

MILITARY OFFICERS ASSOCIATION of AMERICA  
201 NORTH WASHINGTON STREET  
ALEXANDRIA, VA 22314-2529

PLEASE ENCLOSE A CHECK MADE PAYABLE TO THE DOVER DE CHAPTER OF MOAA: \$30.00 FOR A 1 YEAR REGULAR OR \$10.00 FOR A 1 YEAR SURVIVING SPOUSE MEMBERSHIP. IF YOU ARE A NATIONAL MEMBER NEW TO THE CHAPTER THEN DON’T INCLUDE ANY MONEY SINCE YOU WILL GET FIRST YEAR FREE! PLEASE MAIL THIS COMPLETED APPLICATION FORM TO:

DOVER DE MOAA  
P.O. BOX 122,  
DOVER, DE 19903-0122

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Never Stop Serving