



## 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: \_\_\_\_\_ (Mo) \_\_\_\_\_ (Day) \_\_\_\_\_

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: \_\_\_\_\_

STATUS: 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 "MOAA Dover Chapter." \$15.00 for one-year regular membership or \$10.00 for one year surviving spouse membership. If you are a national member new to the chapter, your first-year membership is free! Please mail this completed application form to:

Dover DE MOAA  
P.O. Box 122  
Dover, DE 19903-0122

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

**Never Stop Serving**

*COL Thornton, (USA, Ret.) Jan 2023*