**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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**