

# APPLICATION



## St Petersburg Area Chapter Military Officers Association of America

P.O. Box 7054,  
St. Petersburg, FL 33734-7054

**Initial Dues:**

Officers- \$25; Auxiliary Members- \$20  
(Includes your name tag. If spouse not joining  
and you desire a name tag for your spouse, please  
include \$5 additional)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_ Nickname: \_\_\_\_\_

Rank: \_\_\_\_\_ Service: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Just month and date if you wish)

National MOAA # : \_\_\_\_\_ Status of Uniformed Officers: Retired: \_\_\_\_\_ Active: \_\_\_\_\_  
Reserve: \_\_\_\_\_ National Guard: \_\_\_\_\_ Former officer: \_\_\_\_\_ Other: \_\_\_\_\_

Auxiliary Member deceased spouse's first name, rank, service: \_\_\_\_\_  
\_\_\_\_\_

Spouse's preferred name: \_\_\_\_\_ Spouse Nickname: \_\_\_\_\_

My Spouse would like to join the Chapter as an Auxiliary Member, and I have included \$20 for his/her membership and a name tag.

ID renewal date (for Spouse & Widow): \_\_\_\_\_  
(We will send you a reminder prior to the expiration of your ID)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Your Sponsor or Contact: \_\_\_\_\_

Sign me up for the Military Message Center (MMC) (Important news sent from the Chapter via email): \_\_\_\_\_

To save the Chapter valuable funds, I wish to receive *Officers Call* via email delivery only (in pdf format): \_\_\_\_\_

(Chapter applications cannot be accepted until the applicant joins MOAA "national" per our ByLaws)

Per Chapter ByLaws, spouses are eligible to join the chapter as Auxiliary Members. If you wish to do so, please check the box above.

**Please make checks payable to SPA-MOAA and mail to address above.**

18 March 2010

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