

# APPLICATION



## St Petersburg Area Chapter

Military Officers Association of America

P.O. Box 7054,

St. Petersburg, FL 33734-7054

[www.MOAAStPeteArea.com](http://www.MOAAStPeteArea.com)

Dues: Officers--\$30; plus a one-time charge of \$10 for a name tag. Auxiliary--\$25, plus a one-time charge of \$10 for a name tag. If you wish a name tag for your non-joining spouse, please add \$10

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

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

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

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

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

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

Spouse's Birthday: \_\_\_\_\_ (Just month and day if you wish)

My Spouse would like to join as an Auxiliary Member; I have included \$32 for his/her membership and name tag.

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

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

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

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

Snowbirds: Please include date range and "Up North" Address: \_\_\_\_\_

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

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

Per Chapter ByLaws, all Chapter members must be members of MOAA (national). If not already a member, please call 1-800-234-6622, and speak to a member service representative. Or, visit [www.MOAA.org](http://www.MOAA.org) to join.

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

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8 August 2018