

SPOUSE MEMBER APPLICATION



St Petersburg Area Chapter Military Officers Association of America

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

Initial Dues:
Auxiliary Members and Spouse Members- \$20
(Includes your name tag.)

Last Name: _____ First Name: _____

Middle Initial: _____ Suffix: _____ Nickname: _____

DOB: _____ (We will send you a birthday card!)
(Just month and date if you wish)

Spouse's first name, rank, service: _____

ID renewal date: _____
(We will send you a reminder prior to the expiration of your ID)

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ Cell Phone: () _____

Email: _____

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

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

I wish to receive *Officers Call* via:

◆ Printed copy delivered via postal service _____ or

I wish to save the Chapter valuable funds and elect to receive *Officers Call* via:

◆ email delivery only (in *pdf* format): _____ or

◆ just notify me that the latest edition is available on the Chapter website _____

I wish my own individual copy of the Chapter Directory, published each February Yes ___ No ___

5 July 2010

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