

APPLICATION FOR MEMBERSHIP IN THE NEW HAMPSHIRE CHAPTER

Military Officers Association of America

Annual dues of **\$15.00** is payable with this application

(MOAA membership is a requisite to Chapter membership)

____/____/____
Date

Last Name First Name Middle Initial Rank

Number & Street City State Zip +4

Telephone No.

(Day) (Month) (Year)
 Birthday

Email Address

I belong to MOAA, Yes ___ No ___

MOAA # _____

Spouse's Name

Signature

Check ALL Applicable Boxes

Status

- Retired
- Active Duty
- Former Officer
- Regular
- Reserve
- National Guard
- Surviving Spouse*

Service

- Army
- Navy
- Air Force
- Marine Corps
- Coast Guard
- USPHS
- NOAA

(Surviving spouse's annual dues are **\$10.00**)

(*Fill in own name, Birthday, etc./spouse's rank/service)

MAIL TO:

NH Chapter of MOAA
P O Box 712
Dover, NH 03821-0712