

APPLICATION FOR MEMBERSHIP IN THE NEW HAMPSHIRE CHAPTER

Military Officers Association of America

Referred By: _____

Annual dues of \$19.00 is payable with this application

____/____/____
Date

(MOAA membership is strongly recommended in addition to Chapter membership)

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 \$12.00)

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

MAIL TO:

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