

MEMBERSHIP APPLICATION

_____NEW ____RENEWAL

SOUTHWEST ILLINOIS CHAPTER OF THE MILITARY OFFICERS'S ASSOCIATION OF AMERICA
MAILING ADDRESS: P.O. BOX 735, O'FALLON, IL 62269

Name _____ Rank _____ Date _____
(Last) (First) (MI)

Spouse's Name _____ Telephone _____ E-mail _____

Address _____
(Street) (City)/State/Zip)

MOAA (National) Membership Number _____ Expiration Date _____
(Required by By-Laws for Regular and Associate members)

Check Applicable Boxes:

Status

- Regular
- Reserve
- Active Duty
- Retired
- Former Officer
- National Guard
- Surviving Spouse (1)

Service

- Army
- Navy
- Air Force
- Marines Corps
- Coast Guard
- Public Health Services
- NOAA

Note: (1) Fill in your name and address, deceased spouse's rank and service

Annual chapter dues are \$8.00 per year and cover a period from July through June
Dues are \$4.00 if paid by New Member after 1 January.
(Auxiliary member annual dues are \$4.00 per year.)

SELECT OPTIONS
1 year \$8.00 _____
3 years \$24.00 _____
5 years \$40.00 _____

Voluntary Scholarship Contribution (Widows and widowers of deseased eligible member) _____
TOTAL _____

PLEASE RETURN THIS FORM WITH YOUR DUES CHECK.

NAMETAG APPLICATION

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Member's name as it should appear on the nametag (First) _____ (Last) _____

Rank _____ Branch of Service _____ Active Retired

Spouse's name as it should appear on nametag (First) _____ (Last) _____
(Fill in only if you want a spouse nametag)

Submit to address above with check. Member nametags: \$15.00; Spouse nametags: \$14.00

