



MOAA Emerald Empire Chapter Membership Application

Date: _____

Full Name: _____
(Last) (First) (Middle)

Nickname: _____

Rank/
Grade: _____

Service: _____

Retired Active Duty Former Officer Widow(er) (Note *1)

Regular Natl. Guard Reserve

Mailing
Address: _____

Telephone _____

FAX: _____

Birth Date: _____
(Optional)

Email: _____

Spouse Name: _____

I am /am not a member of MOAA — National Member Number _____

Signature: _____

Periods of Military Service

(Active and/or Reserve)

From _____ To _____

From _____ To _____

From _____ To _____

Documentation of your periods of military service will assist the club in maintaining its tax-exempt status that allows you to deduct dues and other

Enclose a check in the amount of \$20.00, payable to MOAA, Emerald Empire Chapter. Widowed spouses are admitted as auxiliary members and pay reduced dues of \$5.00.

Mail the application to:

Secretary
MOAA, Emerald Empire Chapter
P.O. Box 767
Eugene, OR 97440