



# CHARLESTON CHAPTER

Military Officers Association of America



## Charleston Chapter MOAA Membership Application Form

Online Memberships: [www.charlestonmoaa.org/memberhips](http://www.charlestonmoaa.org/memberhips)

**Category** (Circle One):    New Member        Renewal        Change of Address

**Annual Chapter Dues:**    Regular Membership: \$10.00 per year  
   Auxiliary Membership: \$5.00 per year

Multiple Dues Year Memberships are encouraged to reduce paperwork.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

**Status:**     Retired     Active     Reserve     Former     Auxiliary

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**If you are a member of National MOAA, please provide the following information:**

MOAA Nbr: \_\_\_\_\_ Membership Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Select Membership Term:**     1 year     2 years     3 years     4 years     5 years

Amount Enclosed: \_\_\_\_\_ (Annual Chapter Dues x Membership Term)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make your check or money order payable to and return completed form with your check or money order to (NO CASH PLEASE):

**Charleston MOAA P. O. Box 70421 Charleston, SC 29415-0421**