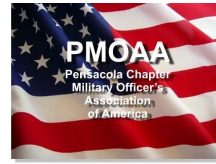




PMOAA Membership Renewal Form

<http://pmoaa.org/>



MEMBERSHIP IN LOCAL CHAPTER CAN BE AS PRODUCTIVE AS YOUR NATIONAL MEMBERSHIP

Please make check payable to "PMOAA" and mail to:
PMOAA Membership, PO BOX 17728, PENSACOLA, FL 32501-7728

(Please print the required information)

Application Date: _____

Name: _____
(Last) (First) (MI)

Rank/Service: _____

Active Retired Reserve National Guard Former Officer Surviving Spouse

Spouse: _____

Mailing Address: _____

City, State ZIP: _____

Phone No: (H) _____ (C) _____ (B) _____

*E-Mail Address: _____

Member of National MOAA? Yes No

MOAA No: _____ Life: Yes No

Please check all PMOAA activities in which you, or your spouse, can assist:

- | | |
|--|---|
| <input type="checkbox"/> Chapter Officer | <input type="checkbox"/> Website Administrator |
| <input type="checkbox"/> Chapter Director | <input type="checkbox"/> Membership Recruiting |
| <input type="checkbox"/> Survivor Assistance Committee | <input type="checkbox"/> Beacon Editor |
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Public Relations/Advertising |
| <input type="checkbox"/> ROTC/JROTC Liaison | <input type="checkbox"/> Program/Event Coordinator |
| <input type="checkbox"/> Scholarship Committee | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Legislative Affairs | |

\$ _____ Membership Dues:
\$20.00/year (E-Beacon)
\$32.00/year (Mailed Beacon)

\$ _____ Surviving Spouse (Auxiliary) Dues:
\$20.00/year (E-Beacon)
\$32.00/year (Mailed Beacon)

\$ _____ Social Member (only for currently grandfathered members):
\$12.00 to receive Mailed Beacon

\$ _____ TAX-DEDUCTIBLE SCHOLARSHIP CONTRIBUTION

\$ _____ **TOTAL ENCLOSED**

*Required to receive the emailed monthly **Beacon** newsletter and other important Chapter communications. Your email address will never be shared with outside parties.