

Membership Application JOIN PMOAA NOW!

http://pmoaa.org/



MEMBERSHIP IN YOUR 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)	(E: 1)	(141)	
, ,		(MI)	
Rank/Branch of Service:			
[] Retired [] Active* [] Reserve	* [] National Guard* [] Former Officer [] Survivi	ing Spouse
Spouse:			
Mailing Address:			
City, State ZIP:			
Phone No: (H)	(C)	(B)	
*E-Mail Address:	·		
Member of National MOAA? [] Y	es [] No		
Member No: Life: [] Yes [] No			
[] If not a member of National MOAA,	please check here to rece	ive a FREE Basic MOAA memb	bership
Might like to serve on a Chapter Committee: Me: [] Yes [] No — My Spouse: [] Yes [] No I am interested in serving as a Chapter Officer or a Director: [] Yes [] No			
Please Order PMOAA Name tag (add \$14.00, \$15.00 for Life Mem		g when dues are first paid)	
Name and/or nick-name desired:			
Rank and Service:			
Spouse Name and/or nick-name of	lesired:		
Military Service desired on tag: []] Yes [] No		
\$ Membership Dues: \$30.00/year (E-Beacon \$42.00/year (Mailed Be			
\$Name Tags (select all th \$15.00 / MOAA Life Me \$14.00 / Regular Memb \$14.00 / Spouse	mber		
\$ TOTAL ENCLOSED			

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