**THE LARGER OUR NUMBERS, THE GREATER YOUR VOICE.**

**Why MOAA chapter membership matters.**

**MOAA AND CHAPTER MEMBERSHIP ENROLLMENT FORM**

Name

**Chapter membership**

**and dues information:**

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Rank

Branch of Service

Active Retired Former Reserve National Guard Surviving Spouse

Spouse name Address City State ZIP Date of birth Telephone

Email

(To ensure deliverability of MOAA communications, please provide a personal email address.)

Are you a member of MOAA? Yes No Unknown

MOAA Member Number (if known)

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How did you hear about MOAA Chapter involvement?

Are you a member of any other MOAA Chapter(s)? Yes No

If yes, which one(s)?

**To complete enrollment:**

* **Fill in this form** on your computer, save it, and email it to [add chapter contact information] as an attachment. Do not include credit card information. We will contact you to finalize payment if required; or
* **Print it out,** fill it in by hand, and mail it with a check made out to

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* Go to [insert chapter webpage]

You will be opted in to receive e-communications from MOAA and your local chapter. You will be able to opt out of any further e-communications at any time. MOAA will not sell or share personal information.

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