



Ten Year Level of Excellence Award Winning Chapter

MEMBERSHIP APPLICATION

NAME: _____
 (Last) **(First)** **(Middle)**

NICKNAME or preferred "go by" name: _____

HOME (MAILING) ADDRESS: _____

 (City) **(State)** **(Zip + four)**

CONTACT PHONE: (____)_____ **ALT PHONE:** (____)_____

 (Home / cell / work) (Home / cell / work)

E-MAIL ADDRESS: _____

SPOUSE'S NAME: _____ **(Goes by):** _____

SERVICE AFFILIATION: _____ **RANK:** _____

(Army, Navy, Air Force, USMC, USCG, USPHS, NOAA)

STATUS (Active, Guard, Reserve, Retired, Former): _____

SERVICE DATES From: _____ **To:** _____

NATIONAL MOAA MEMBER? (Yes /No) If yes, Membership number: _____

LIFE MEMBER? (Yes / No) _____

REMARKS / AREAS OF INTEREST: _____

I hereby apply for one year complimentary membership (through December) in the Columbia River Chapter of the Military Officers Association of America.

DATE: _____ **SIGNATURE:** _____