

COLUMBIA RIVER CHAPTER

P.O. BOX 1872
VANCOUVER, WA 98668-1872



Twelve 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: _____

TYPE OF MEMBERSHIP: BASIC /PREMIUM/ LIFE (CIRLCE ONE)

REMARKS / AREAS OF INTEREST: _____

I hereby apply for one-year complimentary membership (through December 2021) in the Columbia River Chapter of the Military Officers Association of America.

DATE: _____ **SIGNATURE:** _____