

Aloha Chapter, MOAA, Membership/Application Form

Enroll me as a Regular Member: Each year of membership = \$15. Five Years = \$60. (One year FREE!)

Enroll me as a Life Member: Membership rates: Age 71 & older=\$85.; 61-70=\$135.; 51-60=\$185.; 50 & under=\$235.

Enroll me as an Auxiliary Member: (*i.e.*, spouse of a U. S. military officer, surviving spouse of a deceased officer)

AUX: Each year of membership = \$10. Life Membership = \$75

Name Last, First Middle/Initial(s) (PLEASE PRINT) DOB MM/DD/YYYY

Address

City, State Zip

Spouse's Name

H

B

C

Telephone Numbers H=Home/B=Business/C=Cell

E-mail

Applicant's Signature

Recruiter/Sponsor's Name

*Mail Application Form and
Membership Dues Check to
Aloha Chapter, MOAA
P. O Box 19267
Honolulu, HI 96817-0267*

CHECK APPLICABLE BOXES

STATUS RANK SERVICE

<input type="checkbox"/> Active	<input type="checkbox"/> US Army
<input type="checkbox"/> Reserve	<input type="checkbox"/> USAF
<input type="checkbox"/> National Guard	<input type="checkbox"/> US Navy
<input type="checkbox"/> Retired from AD	<input type="checkbox"/> USCG
<input type="checkbox"/> Retired from Res.	<input type="checkbox"/> USMC
<input type="checkbox"/> Former Officer	<input type="checkbox"/> USPHS
<input type="checkbox"/> Auxiliary (indicate Rank and Service of Spouse)	<input type="checkbox"/> NOAA

National MOAA Member:

MOAA No. _____

Revised: January 2007. All prior forms obsolete.