

# MEMBERSHIP APPLICATION



**Military Officers Association of Green Valley  
P.O. Box 769  
Green Valley, AZ 85622-0769**

**Name:** \_\_\_\_\_  
Last First MI

**Mailing Address:** \_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City State Zip

**Date of Birth:** \_\_\_\_\_ (M/D/Yr) **Phone #:** \_\_\_\_\_

**E-Mail** \_\_\_\_\_ **MOAA #** \_\_\_\_\_

**Type of Membership desired (check one)**

**Regular:** \_\_\_\_\_ **Auxiliary:** \_\_\_\_\_  
(\$20 annual dues) (Spouse of active member or surviving spouse \$10 annual dues)

**Regular members, please complete below**

**Rank:** \_\_\_\_\_ **Spouse's First Name:** \_\_\_\_\_

**Branch of Service:**

**Check one:** USA \_\_\_ USMC \_\_\_ USN \_\_\_ USAF \_\_\_ USCG \_\_\_ USPHS \_\_\_ NOAA \_\_\_

**Status (check one):** Retired \_\_\_ Active Duty \_\_\_ Reserve/Guard \_\_\_ Former officer \_\_\_

**All Members, please check all that apply:**

\_\_\_ I am interested in receiving the Chapter monthly newsletter by e-mail

\_\_\_ I am not a National MOAA member, but I desire to become a National member

\_\_\_ I desire to become active in chapter affairs (Board member, Committee chair, Volunteer, etc.)

**Please mail check made out to MILITARY OFFICERS ASSOCIATION OF GREEN VALLEY to the above address**