

Membership Application

Lancaster Chapter Military Officers Association of America (MOAA)

PO Box 5031

Lancaster, PA 17606-5031

Please enroll me as a member of the Lancaster Chapter of the Military Officers Association of America (MOAA).

I accept the extension of complimentary membership for this calendar year.

Last Name	First Name	(nickname)	Middle Initial
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First Name (spouse)	(nickname – spouse)	MI (spouse)
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Address (Street/Box)

City/Town

State

Zip Code

E-mail address

Home phone

Cell phone

Date of Birth or Year you were born

Where you were born

Branch of Service

Highest Rank Held

Beginning and ending dates of service as active, reserve and/or National Guard service including enlisted, warrant or commissioned service [needed to maintain IRS tax exemption as a 501(c) (19) organization]

Military Status: Retired (RET), Former (FMR), Active Duty (ACT)

I am / am not a member of MOAA National (If so, please provide your national member #)

If not a MOAA National member, I would / would not accept a three (3) year free Basic Membership to MOAA National

List any assignments, ships, posts, camps, or stations you would like noted

How I learned of Lancaster Chapter

Date:

Applicant Signature

Sponsor (to be assigned)

Optional Biographical Information

College/University attended

Degree's achieved

Other Professional training of note

Where did you grow up?

Spouses educational or training experience

What are you and your spouse doing now?

How many children/grandchildren do you have?

Any other items of interest to the Chapter?

Thank you for taking the time to complete this application & optional information. This personal information will not be released outside of the chapter without first obtaining your permission. Please mail this application to the chapter address or give to your sponsor.