

Portland Chapter

# Military Officers Association of America PO Box 18206

Portland, OR 97213

**APPLICATION FOR SURVIVING SPOUSE MEMBERSHIP**

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPONSOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME: LAST NAME: \_\_\_\_\_\_\_\_\_\_\_

SPOUSE’S RANK: \_\_\_\_\_\_\_\_\_\_\_\_ SERVICE: \_\_\_\_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Will include in *Chapter Directory*) ARE YOU A NATIONAL MOAA MEMBER? YES NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEVEL: BASIC \_\_\_\_\_\_ PREMIUM \_\_\_\_\_\_ LIFE \_\_\_\_\_\_

NATIONAL MOAA MEMBER ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE**: Surviving Spouse Members are ***not*** required to pay annual dues; however, they may do so

 on a voluntary basis.

Chapter dues are **$30.00** annually and cover the period **1 January – 31 December**.

Please make check payable to: **“Portland Chapter – MOAA.”**

Send to: Portland Chapter - MOAA

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