



OZARK EMPIRE CHAPTER

APPLICATION FOR MEMBERSHIP

OZARK EMPIRE CHAPTER OF THE MILITARY OFFICERS ASSOCIATION OF AMERICA

(Please complete and return this form even if you are a current chapter member)

(Please print or type)

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Rank/Branch of Service: \_\_\_\_\_

Active  Retired  Former  National Guard  Reserve  Surviving Spouse

(Surviving Spouse: Fill in your own name, address. etc. Show deceased spouse's rank and service)

Mailing Address: \_\_\_\_\_  
(Number & Street)

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

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouses Email: \_\_\_\_\_

I am/am not (circle one) a current member of national MOAA. # \_\_\_\_\_

Regular members are required to hold annual or lifetime membership in national MOAA. Surviving Spouses holding chapter offices are required to hold membership in national MOAA. All Surviving Spouse members are encouraged to acquire national MOAA membership. Surviving Spouse of a Life MOAA national member retain lifetime membership in MOAA national.

(over)