



CHARLESTON CHAPTER

Military Officers Association of America



Charleston Chapter MOAA Membership Application Form

Online Memberships: www.charlestonmoaa.org/memberhips

Category (Circle One): New Member Renewal Change of Address

Annual Chapter Dues: Regular Membership: \$20.00 per year
Auxiliary Membership: \$5.00 per year

Multiple Dues Year Memberships are encouraged to reduce paperwork.

Last Name: _____ First Name: _____ Initial: _____

Spouse Name: _____

Branch: _____ Rank: _____

Status: ☐ Retired ☐ Active ☐ Reserve ☐ Former ☐ Auxiliary

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____

Email Address: _____

If you are a member of National MOAA, please provide the following information:

MOAA Nbr: _____ Membership Type: _____ Exp. Date: _____

Select Membership Term: ☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years

Amount Enclosed: _____ (Annual Chapter Dues x Membership Term)

Signature: _____ Date: _____

Please make your check or money order payable to and return completed form with your check or money order to (NO CASH PLEASE):

Charleston MOAA P. O. Box 70421 Charleston, SC 29415-0421