



**OLYMPIA AREA CHAPTER  
MILITARY OFFICERS ASSOCIATION of AMERICA  
P.O. BOX 5957  
LACEY, WA. 98509-5957**

**FREE MEMBERSHIP FOR THE FIRST YEAR**

**OFFICER INFORMATION:**

NAME \_\_\_\_\_ GRADE: \_\_\_\_\_  
                     Last                                      First                                      MI

ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

MOAA NAT'L# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SERVICE \_\_\_\_\_ STATUS: Circle All That Apply

Retired, Active, Regular Reserve, National Guard, Former Officer, Public Health, NOAA.

Would you be willing to serve as a Chapter Officer or Board Member: Yes / No

**SPOUSE INFORMATION:**

NAME \_\_\_\_\_  
                     Last                                      First                                      MI

ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

MOAA NAT'L# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

STATUS: Circle All That Apply

Retired, Active, Reserve, National Guard, Former Officer, Public Health, NOAA, Prior Military Service, Surviving Spouse

Would you be willing to serve as a Chapter Officer or Board Member: Yes / No  
 Volunteer Experience or Special Interests \_\_\_\_\_

ANNUAL CHAPTER DUES: Regular Member: \$20 per year, Surviving Spouse Member: \$10 per year

\_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_