



**MONTGOMERY COUNTY CHAPTER (MD-05)
APPLICATION FORM FOR MEMBERSHIP/RENEWAL**

Date: _____

____ I am applying as a **new member** in the Montgomery County (MD) Chapter

____ I am **renewing my membership** in the Montgomery County (MD) Chapter

I am _____ am not _____ a national member of MOAA.

MOAA Natl. Member # (if applicable & known) _____

Member number may be found on 2nd line of magazine mailing label

NAME _____

Date of Birth _____

(Last, First + Middle Name or Initial)

(MM/DD/YYYY)

)

Rank _____ **Service** _____ **Status** _____

Active Officer, Retired Officer, Former Officer, Reserve Officer, National Guard Officer, Widow / Widower
(Auxiliary Member; see footnote)

MAILING ADDRESS

Street and number Apartment Number

City State Zip Code

Telephone Number: Residence _____ **Work** _____

E-Mail Address _____

Please print clearly

Spouse's Name _____

Enclosed are my dues for: (Make check payable to Montgomery County MOAA)

_____ **1 year: \$17 (for 12 months)** [Last Update of this form: May 21, 2017]

_____ **2 years: \$30 (for 24 months)**

Sponsor's Name: _____

Only if you are a widow(er), provide deceased spouse's name, rank and service

Auxiliary Member: Widow or Widower of any individual who would, if living, be eligible for membership with full voting privileges.

Mail application to:

Montgomery County MD Chapter Secretary:

Military Officers Association of America

P.O. Box 7564, Gaithersburg, MD 20898-9996 [Questions: Capt. Dave Peterson, NOAA (Ret.)]

(301) 233-8090; kmpdhp@comcast.net

For Chapter use only:

Recorded into Data base _____ **Mailing label prepared**

(Form updated 8/25/2021)