



Portland Chapter  
Military Officers Association of America  
PO Box 68959  
Portland, OR 97268



## APPLICATION FOR AUXILIARY 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*)

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

**NOTE:** Auxiliary Members are **not** required to pay annual dues; however, they may do so on a voluntary basis.

Chapter dues are **\$25.00** annually and cover the period **1 January – 31 December**.

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

Send to: Portland Chapter - MOAA

P.O. Box 68959

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