

**APPLICATION FOR MEMBERSHIP**

**PORTLAND CHAPTER - MILITARY OFFICERS ASSOCIATION OF AMERICA**

Date \_\_\_\_\_ Sponsor \_\_\_\_\_

Name \_\_\_\_\_ Rank \_\_\_\_\_ Service \_\_\_\_\_

Spouse \_\_\_\_\_

Address \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_

(This will be included in the Chapter directory)

Telephone:

Home \_\_\_\_\_ Cell \_\_\_\_\_

Are you a national MOAA member? Yes \_\_\_ No \_\_\_ (If Yes, ID # \_\_\_\_\_)

Civilian Occupation \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dues: \$25 per year, January 1 to January 1. Payment after October 1 is credited to the following year. Please make your check payable to: **Portland Chapter - MOAA**

Send to:

**Portland Chapter/MOAA  
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