



## Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Branch of Service: \_\_\_\_\_

Rank: \_\_\_\_\_

Status (circle): Active   Reserve   Retired   Former   National Guard

MOAA member number: \_\_\_\_\_

(found on the address label of *Military Officer*)

Spouse name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Print this form, fill it out, bring to a meeting or mail with annual dues of \$25 to the Chapter Treasurer:

LtCol Paul R Seipt, USMC, Ret.  
232 Somerset Street  
Richland WA 99354-1964