



MOAA Tampa Chapter New Member Application Form

Name _____

Rank _____ Service _____ Status _____

Street Address _____

City _____ State _____ Zip Code _____

EMAIL address _____

Phone _____ (home; cell) Date of Birth: Month: _____ Day: _____

Spouse _____ Phone _____

Emergency Contact: Name _____ Phone _____

MOAA National Member Number _____

Wartime Service: Please circle applicable information and provide dates of service:

World War II _____; Korean War _____; Vietnam Era: _____

Vietnam (in country) _____; Gulf War _____; Lebanon, Grenada, Panama _____

Afghanistan (OEF) _____; Afghanistan (OES) _____; Islamic War (OIR) _____

OR check No service during any of these periods of time _____

Tampa Chapter Annual Dues: \$ 25.00 (There is no dues requirement for active-duty personnel or a surviving spouse. You **MUST**, however, be a member of MOAA National.

Please visit <https://www.moaa.org> to join if not already a MOAA NATIONAL member.

You may bring the completed form to any Chapter event, or you can **mail** it with your \$25 check (payable to **MOAA Tampa Chapter**) to:

Jeanne Richard, 1223 Foggy Ridge Parkway, Lutz, FL 33559-6758.

Email questions to: TampaMOAA.Membership@gmail.com

***** The Chapter has my permission to list only my name and rank as a new member in our Chapter Newsletter, *The Retrospect*. YES _____ No _____**