



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.
381 Clovernook Street
Richland WA 99352