



THE STAR FORT CHAPTER
 The Military Officers Association of America
 P. O. Box 1501 • Greenwood, S. C. 29648



APPLICATION FOR CHAPTER MEMBERSHIP

NAME: _____
 (As you wish it to appear on your name tag)

SPOUSE'S NAME: _____
 (As you wish it to appear on your name tag)

BRANCH OF MILITARY SERVICE: _____ RANK: _____
 Active Duty _____ Retired _____ Widow/Widower _____
 NG _____ Former Officer _____ Reserve Officer _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER HOME: _____ CELL: _____

NATIONAL MOAA MEMBERSHIP NUMBER (If known): _____

PAYMENT OF ANNUAL DUES AND NAME TAG ORDER IS ENCLOSED:

- _____ \$20.00 Annual Dues for regular members
- _____ Membership free for auxiliary members (Surviving Spouses)
- _____ \$14.00 Name Tag for members
- _____ \$14.00 Name Tag for spouses

Please print and mail your application with your check to:
Star Fort Chapter MOAA
ATTN: Treasurer & Membership
P.O. Box 1501
Greenwood, SC 29648-1501