Central Oregon Chapter
Military Officers Association of America
POB 7826, Bend, Oregon 97708
APPLICATION FOR MEMBERSHIP

Sponsor:_____ Date: _____

Please return this application to the above address with your check for $20.00 initiation fee (*excepting* Auxiliary & Honorary Members) payable to "COMOAA".

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Class: ( ) Regular ( ) Auxiliary ( ) Honorary

Name:_____ _____ _____
(Last/Suffix) First M. I.

Service: _____ Grade: _____

Date of Birth: _____/_____/_____ MOAA Member Number _____
Mo Day Year

Status: ( ) Retired ( ) Active Duty ( ) Former Officer ( ) Widow(er)

Component: ( ) Regular ( ) Reserve ( ) National Guard ( ) Other _____

Please indicate any Military Conflict(s) of which you are a Veteran: _____

_____

Mailing Address: _____
(Street Address or Post Office Box)

_____
(City/State/Zip Code +4)

Telephone No: (____) ____-_____ Fax: (____) ____-_____ E-Mail: _____

Spouse's Name: _____ Date of Birth: ____/____
(Mo / Day)

PRINT YOUR NAME AS YOU WANT IT ON TO APPEAR ON THE NAMETAG: _____

PRINT YOUR SPOUSE'S NAME AS YOU WANT IT ON THE NAMETAG: _____

Date: _____ Signature: _____

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Please DO NOT write in this space: Reserved for administrative use. ( ) - Board Member Initials when action taken.

Initiation Fee Rcvd: ____/____/____( ) Board Approved: ____/____/____( ) Recorded in Data Base: ____/____/____( )

SITREP Announcement: ____/____/____( ) Name Tag(s) Ordered: ____/____/____( ) Welcome Pack Sent: ____/____/____( )