**CENTRAL OREGON MILITARY OFFICERS ASSOCIATION OF AMERICA (COMOAA)**

**P.O. BOX 7826, BEND, OREGON 97708**

**APPLICATION FOR MEMBERSHIP**

Complete this form by typing the required information in the spaces provided. When complete, SAVE the application (save as) on your computer and then email to: comoaa@outlook.com. Please see “Join Now” link at the top of the Home Page for instructions.

After emailing the completed application form, you may pay your first dues via PayPal, mailing (USPS) a check to COMOAA or bringing a check to a member event. **Member dues are $25/annually. First year dues are $25 with an additional charge for new name tags. This charge is either $8 or $16 - depending on whether you are single or have a spouse;** Your check should be for either $33 or $41.

**Service Member Information** **Date**: Click here to enter a date.

**Last Name**: Click here to enter text. **First**: Click here to enter text. **MI**: Click here to enter text.

**Spouse Last Name**: Click here to enter text. **First**: Click here to enter text. **MI**: Click here to enter text.

**Mail Address**: Click here to enter text. **City**: Click here to enter text. **State**: Click here to enter text. **ZIP**: Click here to enter text.

**Home Phone**: Click here to enter text. **Cell Phone**: Click here to enter text. **Email**: Click here to enter text.

**MOAA Member Number** (if applicable)**:** Click here to enter text.

Please mark ALL blocks that apply to you and add information where asked

***The status and period of service of our members are extremely important to maintain COMOAA veteran organization status.***

1. **I served or am serving** as a Commissioned/Warrant Officer in one of the following U.S. Uniformed Services. Yes [ ]  No [ ]

Armed Service & Branch: enter text. Public Health Service [ ]  National Oceanic & Atmospheric Administration [ ]

Highest Rank Held: Choose an item. Service Dates: Click here to enter text. (See also Paragraph 2 below)

Retired: Choose an item. Retirement Date: Click here to enter text.

1. **I served** in the U.S. Armed Forces during the following period(s) of war:

**a**. [ ]  7 December 1941 – 31 December 1946 **b**. [ ]  27 June 1950 – 31 January 1955

**c**. [ ]  28 February 1961 – 7 May 1975 (*in the Republic of Vietnam*) **d**. [ ]  5 August 1964 – 7 May 1975

**e**. [ ]  2 August 1990 through today’s date

1. **I am a** Widow or Widower of the following U.S. Uniformed Services Commissioned or Warrant Officer:

**Name**: Click here to enter text. **Rank**: Click here to enter text. **Dates of Service**: Click here to enter text.

**Armed Service**: Click here to enter text. **Branch**: Click here to enter text.

**Public Health Service** [ ]  **National Oceanic & Atmospheric Administration** [ ]

1. **COMOAA Name Tags**: Your name as you want it displayed: Click here to enter text.

**Spouse’s name** as you want it displayed: Click here to enter text.

1. **ONLY IF APPLICABLE**: I am a lineal descendant of the Past/Present member of the U.S. Armed Forces listed below:

**Name**: Click here to enter text. **Rank**: Click here to enter text. **Dates of Service**: Click here to enter text.

***Sponsor’s Name*** *(If Applicable)*: Click here to enter text.

**BELOW IS FOR COMOAA ADMINISTRATION USE ONLY**

Board Approved [ ]  Choose an item.

Recorded in Data Base [ ]  SITREP Announced [ ]  Name Tag Ordered [ ]  Welcome Package sent [ ]  (11/03/2022)