

CENTRAL OREGON MILITARY OFFICERS ASSOCIATION OF AMERICA (COMOAA)
P.O. BOX 7826, BEND, OREGON 97708

APPLICATION FOR MEMBERSHIP (pdf fillable)

After completing this form, SAVE the application and email to comoaa@outlook.com. See the "Join COMOAA" link on the Web Site Home Page for further instructions <https://comoaa.com/join-moaa-now/>.

Member dues are \$25/annually. First year dues are \$25 with an additional charge for new name tags. This charge is either \$10 or \$20 depending on whether you are single or have spouse. Your payment should be either \$35 or \$45. You can pay on-line with PayPal or a personal check. See <https://comoaa.com/join-moaa-now/> for dues payment options. **Your membership will not be processed for approval until receipt of new member dues.**

Service Member Information

Date: _____

Last Name: _____ First: _____ MI: _____

Spouse Last Name: _____ First: _____ MI: _____

Mail Address: _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Email _____

MOAA Member Number (if applicable) _____

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.

Armed Service & Branch: _____ Public Health Service _____ National Oceanic & Atmospheric Administration _____

Highest Rank Held: _____ Dates of Service: _____
(See Paragraph 2 below)

Retired: YES ☐ NO ☐ Retirement Date: _____

2. I served in the U.S. Armed Forces during the following period(s) of war (mark the applicable date):

☐ December 7, 1941 – December 31, 1946	☐ June 27, 1950 – January 31, 1955
☐ February 28, 1961 – May 7, 1975 (<i>in the Republic of Vietnam</i>)	☐ August 5, 1964 – May 7, 1975
☐ August 2, 1990 - present	

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

Name: _____ Rank: _____ Dates of Service: _____

Armed Service & Branch: _____ Public Health Service _____ NOAA _____

4. Name Tags: Your name as you want it displayed _____

Spouse's name as you want it displayed: _____

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

Name: _____ Rank: _____ Dates of Service: _____

Branch of Service: _____ Ancestor or lineal descendant-relationship _____

6. Sponsor's Name (If Applicable): _____

BELOW IS FOR COMOAA ADMINISTRATION USE ONLY

Board Approved _____ Member Status: REGULAR AUXILIARY 501 (C) (19) or IRC 170 (C) (3)

Recorded in Data Base _____ SITREP Announced _____ Name Tag Ordered _____ Welcome Package sent _____

Form Date: 07/01/2026