High Country Chapter, MOAA
Chartered 14 October 2004, NC21

APPLICATION for MEMBERSHIP

The information below is needed for National MOAA informational requirements, HCC information, and in the preparation of the Chapter Roster which is furnished to all members for their personal use.

Date_____Full Name_____

Rank_____Service_____Social Security No_____Retired___Active Duty____

Former Officer_____Regular_____Reserve_____National Guard_____Widow(er) _____*Use own name, social security no, address etc. Show deceased spouse's rank and service.

Spouse's Name_____

Mailing Address_____
Number & Street City State Zip Code

E-Mail Address_____

I am____I am not_____now a member of MOAA. MOAA Member No_____*Membership in National MOAA is required and is waived for 1st year members. Chapter membership dues are $20.00

Birth Date_____Date of Retirement_____Home Phone No_____

Business Phone No_____Employer_____

Period of Active Duty Military Service: From_____to _____

Interests, hobbies and expertise_____
_____
Comments_____
_____
_____

Signature_____
Please mail your Membership Application Form to:

High Country Chapter, MOAA
P.O. Box 3312
Boone, NC 28607

Membership Requirements: Commissioned and Warrant Officers of the Seven Uniformed Services (Army, Navy, Air Force, Marine Corps, Coast Guard, National Oceanic and Atmospheric Administration, and U.S. Public Heath Service) and the reserve and other components of these services (regular members). Widows and widowers of any deceased individuals who would, if living, be eligible for membership (auxiliary members). Regular members must hold and maintain membership in both National MOAA and Chapter. Auxiliary members are encouraged but not required to hold such membership.