

MILITARY OFFICER ASSOCIATION OF AMERICA

TUCSON CHAPTER

CURRENT DATE (mm/d	d/yyyy):/	
LAST NAME:	FIRST NAME:	"MIDDLE INITIAL:
ADDRESS:		
		ZIP CODE:
E-MAIL ADDRESS:		
	ICATION: E-MAIL: POS	
SERVICE BRANCH:		_LAST RANK:
RETIRED: □ ACTIVE I	DUTY: □ RESERVES: □ M	IOAA #:
DATE OF BIRTH (mm/de	d/yyyy):/	SPOUSES NAME:
AMOUNT PAID:		
DUES: \$(Member	er \$30.00, Surviving Spouse \$8	.00)
SCHOLARSHIP: \$	(Optional Donation)	
ESPERANZA en ESCAL	ANTE: \$(Optional)	Donation)
OTHER: \$(Optional, Please Specify Purpo	se)
TOTAL: \$		
Detach the upper part of this	form and mail with payment to:	
8540 N. Arn	t, M.D. MOAA Tucson Chapter old Palmer Drive 85742 le to MOAA Tucson Chapter.	
	ies renewal is December 31.	
(Detach here) You may keep	this portion for your records	
Widows/ Surviving Scholarship Donatio	n (Optional, Enter Amount) \$tional, Enter Amount) \$	
		anization . Dues, Donations and travel to meetings may x advisor if necessary. Keep this bottom portion as your
DATE PAID:	CHECK #:	AMOUNT: \$
Any questions please call	Gary Pettett M.D. (520) 544-7	730 or gnettett45@gmail.com