



MILITARY OFFICER ASSOCIATION OF AMERICA
TUCSON CHAPTER
Membership registration form

CURRENT DATE (mm/dd/yyyy): ____ / ____ / ____

MEMBERSHIP: REGULAR: SURVIVING SPOUSE:

NAME (Last, First, MI): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

TELEPHONE NO.: (____) _____

PREFERRED COMMUNICATION: E-MAIL: POSTAL MAIL:

SERVICE BRANCH: _____ LAST RANK: _____

RETIRED: ACTIVE DUTY: RESERVES:

MOAA #: _____ LIFE MEMBER:

DATE OF BIRTH (mm/dd/yyyy): ____ / ____ / ____

SPOUSE'S NAME: _____

AMOUNT PAID: DUES: \$ _____ SCHOLARSHIP/DONATION: \$ _____ TOTAL: \$ _____

(Detach here)

The deadline for annual dues is January 1.

Dues:

- Regular Member (Officer and Spouse): \$30.00
- Widows/ Surviving Spouses \$8.00
- Scholarship Donation (Optional, Enter Amount) \$ _____ • **The MOAA Tucson Chapter is a 501c3 tax-exempt organization.**
- Dues, Donations, and travel to meetings may be eligible tax deductions. Check with your accountant or tax advisor if necessary.

Make checks payable to: **MOAA Tucson Chapter Fund, Inc.**

Detach the upper part of this form and **mail with payment to:**

**MOAA Chapter Tucson
% Capt Randolph Long, PhD
10471 N. Elizabeth Morning Pl.
Oro Valley, AZ 85737**

Return the upper portion of this form with your payment.

Keep this bottom portion for your records.

DATE PAID: ____ / ____ / ____ CHECK #: _____ AMOUNT: \$ _____ **Any questions please contact Col Tom Owens at owensttt@gmail.com or 520-760-3476. Rev 2023**