



SAVANNAH AREA MILITARY OFFICERS ASSOCIATION

Post Office Box 15894

Savannah, GA 31416



MEMBERSHIP-INFORMATION

DUES RENEWAL FORM FOR 2019

PLEASE COMPLETE AND ENCLOSE WITH PAYMENT (Payable to "SAMOA"). PLEASE MAIL THE FORM TO:

**TREASURER,
SAVANNAH AREA MILITARY OFFICERS ASSOCIATION
Post Office Box 15894
Savannah, GA 31416**

OR PAY ON-LINE AT www.moaa.org -Chapters & Councils- Chapter Dues-Join or Renew

IF ANY QUESTIONS CALL:

(912) 308-2940 or Email: ewexler06@comcast.net

Dues are \$ 25.00 to cover one year's Regular Chapter membership

OR

\$ 15.00 to cover one year's dues for Auxiliary members of SAMOA

(Auxiliaries are Surviving Spouses of Eligible Officers)

PLEASE CONSIDER GIVING AN ADDITIONAL AMOUNT TO SUPPORT OUR LOCAL ROTC SCHOLARSHIP PROGRAM TO HELP DESERVING CADETS!

DATE _____

DUES (\$25 or \$15): \$ _____

DONATION TO SCHOLARSHIP FUND: \$ _____

(Scholarship Donation is Tax-Deductible)

TOTAL: \$ _____

Renewal _____ New Member _____

PLEASE COMPLETE THE FOLLOWING AND PRINT LEGIBLY: (for records updating)

NAME: FIRST _____ **MI:** _____ **LAST:** _____

RANK: _____ **DATE OF BIRTH:** _____ **SPOUSE:** _____

BRANCH OF SERVICE: ___USA ___USN ___USMC ___USAF ___USCG ___USPHS ___NOAA

STATUS: ___RETIRED ___ACTIVE DUTY ___RESERVE ___NATIONAL GUARD

___FORMER OFFICER ___AUXILIARY

MOAA NATIONAL NUMBER: _____ **ARE YOU A LIFE MEMBER?:** _____

DATE FIRST COMMISSIONED: _____ **DATE RETIRED:** _____

(Or Date of End of Service for Former Officers)

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: (Home): _____ **(Business/Cell):** _____

E-MAIL: (Home): _____ **(Business):** _____

OTHER INFORMATION YOU MAY WANT US TO PUT IN YOUR RECORD:

NEW MEMBER REFERRAL:

REFERRED BY: _____ **PHONE:** _____ **E-MAIL:** _____