



SAVANNAH AREA MILITARY OFFICERS ASSOCIATION

Post Office Box 15894
Savannah, GA 31416



MEMBERSHIP-INFORMATION
&

DUES RENEWAL FORM FOR 2016

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 https://chapterdues.moaa.org/Membership.aspx

IF ANY QUESTIONS CALL:

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

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: \$ _____ Renewal _____ New Member _____
(Scholarship Donation is Tax-Deductible)
TOTAL: \$ _____

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 _____