MILITARY OFFICERS ASSOCIATION OF AMERICA
PIEDMONT CHAPTER
Membership Application Form

Category ☐ New Member ☐ Renewal ☐ Change of Address

Annual Chapter Dues Regular Membership: $25.00 per year
Surviving Spouse Membership: $12.50 per year

Last Name: _____ First Name: _____ Initial: _____

Spouse Name: _____

Branch: _____ Rank: _____

Status: ☐ Retired ☐ Active ☐ Reserve ☐ Former ☐ Auxiliary

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Email Address: _____

If you are a member of National MOAA, please provide the following information:

MOAA #: _____ Membership Type: _____ Exp Date: _____

Select Membership Term: ☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years

Amount Enclosed: _____ (Annual Chapter Dues x Membership Term)

Signature: _____ Date: _____

Payment can be made by check. Please make your check or money order payable to **Piedmont Chapter MOAA** and return completed form with your check or money order to (NO CASH PLEASE):

LTC Howard N. Stammerjohn, USAF (Ret) 130 Lifestyle Lane, Anderson, SC. 29621

For Piedmont Admin Use Only

☐ Application Approved ☐ Applicant Payment Processed

☐ Membership Database Updated ☐ Applicant MOAA Pin Presented

NEVER STOP SERVING