

PLEASE RETURN IMMEDIATELY

MILITARY OFFICER'S ASSOCIATION OF SARASOTA, INC.
PO BOX 1016, Sarasota, FL 34230-1016

Please respond as soon as possible. If you wish to cancel your membership, please return this form with the word "Cancel" across the face.

MEMBERSHIP APPLICATION

Annual Membership Dues (Jan - Dec): **\$35.00** Please Send Newsletter by mail (Jan - Dec): **\$15.00**

Membership Type (Check One): **Regular** _____ **Auxiliary (Widow/er)** _____ **Allied** _____ **Associate** _____

Scholarship Fund Donation: \$ _____ + **Dues:** \$ _____ + **Mail Newsletter** \$ _____ = **TOTAL:** \$ _____
100% Tax Deductible Write In Amount (\$35/yr) (\$15/yr) Write In Total

Mail this application to the above address with your check payable to: **M.O.A.S.** **Your Check Number #** _____



Signature

Date

PLEASE VERIFY YOUR PERSONAL INFORMATION - MAKE CORRECTIONS AS NECESSARY.
WHERE INFORMATION IS BLANK, PLEASE PROVIDE APPROPRIATE ANSWERS.

Dues include a subscription to THE SARASOTA BREEZE, the Chapter Directory, and participation in social and community activities. Please do not pre-pay for advance years. Also, please do not include luncheon reservations or national MOAA premium.

Last Name First Name MI Rank Service Spouse's Name

Street Address (Include Apt #) City State 9 digit Zip Code

Home Phone E-Mail Address

Do not include the above information in the membership directory. *I am including \$15 for a printed copy of the monthly Sarasota Breeze newsletter to be sent via postal mail.*

I would like to volunteer to serve in the following capacity. _____

MOAA Member? _____ **If Yes, Member Number:** _____ **Birth Date:** _____
mm/dd/yyyy

Military Status: _____
Military Component: _____
If either space on the left is blank, please check the appropriate box to the right.
 Active Retired Former Officer
 Regular Reserve National Guard Foreign
 USPHS NOAA Other _____

Current Occupation (If Applicable) Employer (If Applicable) Business Phone

Notice: To ensure we have the most accurate information, please complete all the above information even if it is the same as in the current Membership Directory.

Please Return the Entire Form.