

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

MOAS MEMBERSHIP APPLICATION

Annual Membership Dues (Jan - Dec): **\$35.00** Please Send Newsletter by mail (Jan - Dec): **\$12.00**

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) (\$12/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.

Please Return the Entire Form.

 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 \$12 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: _____	←	If either space on the left is blank, please check the appropriate box to the right.	→	<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Former Officer
				<input type="checkbox"/> Regular	<input type="checkbox"/> Reserve	<input type="checkbox"/> National Guard
Military Component: _____	←		→	<input type="checkbox"/> USPHS	<input type="checkbox"/> NOAA	<input type="checkbox"/> 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 2014 Membership Directory.