



Application for Membership

The information below is needed for National MOAA informational requirements, HCC information, and in the preparation of the Chapter Roster which is furnished to all members for their personal use.

Date _____ Full Name _____

Rank _____ Service _____ Retired ____ Active Duty ____

Former Officer ____ Regular ____ Reserve ____ National Guard ____ Widow(er) ____ *Use own name, address, etc. Show deceased spouse's rank and service.

Spouse's Name _____

Mailing Address _____
Number & Street City State Zip Code

Email Address _____

I am ____ I am not ____ now a member of MOAA. MOAA Member No _____ *Membership in National MOAA is required and is waived for 1st year members. Chapter membership dues are \$22.00.

Birth Date _____ Date of Retirement _____ Home Phone No _____

Business Phone No _____ Employer _____

Period of Active Duty Military Service: From _____ to _____

Interests, hobbies and expertise _____

Comments _____

Signature _____

Please mail your Membership Application Form to:

**High Country Chapter, MOAA
P.O. Box 3312
Boone, NC 28607**

Membership Requirements: Commissioned and Warrant Officers of the Seven Uniformed Services (Army, Navy, Air Force, Marine Corps, Coast Guard, National Oceanic and Atmospheric Administration, and U.S. Public Health Service) and the reserve and other components of these services (regular members); Widows and widowers of any deceased individuals, who would be, if living, eligible for membership (auxiliary members). Regular members must hold and maintain membership in both National MOAA and Chapter. Auxiliary members are encouraged but not required to hold such membership.

