

(Annual Membership – renews January 1<sup>st</sup>)  
Are you a member of MOAA National? \_\_\_\_\_

**Military Officers Association of America  
Alamo Chapter**

**Vision statement: MOAA-AC vision is “to be the primary advocate for the military community.”**

Circle Status: Commissioned & Warrant Officers of all services  
- Active, Reserves, former, or Retired, National Guard, NOAA, PHS, Survivor.

Name \_\_\_\_\_  
(Print) Last First MI Spouse

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Rank/Grade \_\_\_\_\_ Service \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home phone \_\_\_\_\_ Bus. phone \_\_\_\_\_

Civilian/Military Occupation \_\_\_\_\_

Firm/Unit \_\_\_\_\_

E-mail\* \_\_\_\_\_

\*May we have your permission to publish this information in the Chapter Membership Directory? \_\_\_\_\_

(\*This directory and your e-mail address are exclusively for the use of the chapter and will not be sold or used for any other purpose than chapter communications and/or board approved activity.)

Would you like to access our monthly newsletter (The Lariat) at our website versus having it mailed to you? \_\_\_\_\_

Would you be interested in being active in chapter volunteer activity? \_\_\_\_\_

In what area(s) would you like to assist (e.g., member recruiting, personal affairs, JROTC awards, public relations, programs & events, phone calling, other or wherever the need is greatest)? \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHARITABLE OUTREACH PROGRAM**

Please accept my tax-deductible donation of: \$ \_\_\_\_\_

to: (check one) # Outreach Fund \_\_\_\_\_

As designated by the Alamo Chapter \_\_\_\_\_

# a fund for a yearly college scholarship and other charitable programs and services.

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