

**CALUSA CHAPTER OF
THE MILITARY OFFICERS ASSOCIATION OF AMERICA (CCMOAA)
P.O. BOX 100508, Cape Coral, FL 33910-0508
MEMBERSHIP APPLICATION/DIRECTORY UPDATE**

New Chapter Annual Renewal Membership Change of Address

Name _____

Spouse's Name _____

Please Print

(Spouses, Widows, Widowers, are welcomed as chapter members.)

Street Address: _____

City: _____ State _____ Zip _____

Telephone _____ E-mail _____

Rank _____ Service _____ Member DOB _____

Check appropriate boxes: Retired Active Duty Widow(er) *Associate

*Associate members have the same privileges as other members except that they are ineligible to vote.

Regular Reserve National Guard Former Officer Senior NCO

MOAA National Membership No. _____ MOAA Life Member? _____

Signature _____ Date _____

Dues Amount \$ _____ Scholarship Program \$ _____ Amount Enclosed \$ _____

Please include a check for \$30.00 (New member's 1st year dues are free.) The check should be made payable to CCMOAA and mailed to: CCMOAA, P.O. Box 100508, Cape Coral, FL 33910-0508 Attn: Treasurer

Special Notes: Dues are late after March 31st. Please pay your dues early!
A lifetime MOAA membership does not mean your chapter membership is lifetime.

-----*To Be Completed By Treasurer*-----

Date Received ___/___/___ By Mail In Person

Check # _____ Amount \$ _____ Cash Amount \$ _____