SOLANO COUNT	Y CHAPTE	R - MILITA	RY OFFICER'S AS	SOCIATION OF A	MERICA	
Dues Payment, In	formatio	n Change	, and Applicati	on for Member	ship Form	
☐ Dues Payment			Enroll Me as a New Regular Member			
☐ Information Change *			Enroll Me as a New Auxilliary Member **			
LAST NAME FIRST		MIDDLE	RANK NAME OF SPOUSE		F SPOUSE	
STREET ADDRESS		APT#	CITY	STATE	ZIP CODE	
E-MAIL ADDRESS		Yes No ***	PHONE# Yes No ***			
DATE OF BIRTH	NAME C	F DECEASED S	POUSE (AUX. MEMBERS	ONLY) **	RANK	
MEMBER OF NATIONAL MOAA?	ST	STATUS SEI		COMMITT	COMMITTEE INTEREST	
Yes No		ACTIVE OFFIC	CER ARMY	ARMY DIRECTOR		
		RETIRED OFF	ICER MARINE C	ORPS PROGRAI	MS	
IF YES, MOAA MEMBERSHIP #		FORMER OFF	ICER COAST GU	COAST GUARD MEMBERSHIP		
CHECK ENCLOSED:		RESERVE OFF	ICER NAVY	EDITOR		
REGULAR MEMBER - \$25			USPHS	FINANCE		
AUXILLIARY MEMBER - \$10 MALE		MALE	AIR FORCE	SUNSHIN	SUNSHINE	
SCHOLARSHIP FUND - \$XX		FEMALE	NOAA	SCHOLAF	SCHOLARSHIP	
TOTAL				OTHER_		
NOTES:						
RENEWAL MEMBERS - COMPLETE ONL MAKE YOUR CHECK PAYABLE TO: TREA		nga temperatus				

<sup>\*</sup> INFORMATION CHANGES WILL BE PRINTED IN THE NEXT NEWSLETTER.

<sup>\*\*</sup> AUXILLIARY MEMBERS ARE SURVIVING SPOUSES OF DECEASED OFFICERS.

<sup>\*\*\*</sup> CHECK "YES" TO PUBLISH IN MEMBERSHIP DIRECTORY; CHECK "NO" IF FOR OFFICIAL USE ONLY.