

# TALLAHASSEE CHAPTER-MOAA : RENEWAL FORM, 2011

National MOAA No.: \_\_\_\_\_

Mail To: Tallahassee Chapter, Military Officers Association of America, P. O. Box 4038, Tallahassee, Florida 32315

**FOR REGULAR AND ASSOCIATE MEMBERS: COMPLETE ALL THAT IS APPLICABLE**

NAME: \_\_\_\_\_

TITLE      FIRST NAME      MI      LAST NAME      NICK NAME      SPOUSE'S NAME

MAILING ADDRESS: \_\_\_\_\_

Street & No.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ FACSIMILE NO. \_\_\_\_\_

NAME OF BUSINESS OR PROFESSIONAL PRACTICE \_\_\_\_\_

HOME PHONE(include area code): \_\_\_\_\_ BUSINESS PHONE (include area code): \_\_\_\_\_

*Do not list phone numbers if you do NOT want them listed in the directory.*

Employer \_\_\_\_\_ Business Address \_\_\_\_\_

Civic & Fraternal M'ships \_\_\_\_\_

Yes, I will help in chapter activities. My areas of expertise or preferences for service are: (Mark as many as applicable)  
 ROTC Support \_\_\_ Public Affairs \_\_\_ Membership Promotion \_\_\_ Legislative Affairs \_\_\_ Chapter Programs \_\_\_ Employment Assistance \_\_\_  
 Personal Affairs \_\_\_ Newsletter \_\_\_ Scholarship Comm \_\_\_ Transportation Comm; \_\_\_ Citizen of Yr. Comm. \_\_\_ Other \_\_\_\_\_

<p><u>Check Appropriate Grade</u></p> <p>O1 ___      O6 ___      WO 1 ___                  O2 ___      O7 ___      CWO 2 ___                  O3 ___      O8 ___      CWO 3 ___                  O4 ___      O9 ___      CWO 4 ___                  O5 ___      O10 ___      CWO 4 ___                  Enter Rank _____</p>	<p><u>Check Branch of Service</u></p> <p>USA ___      USCG ___                  USN ___      USPHS ___                  USMC ___      NOAA ___                  USAF ___</p>	<p><u>Check Military Component</u></p> <p>Regular ___                  Reserve ___                  National Guard ___</p>	<p><u>Check Military Status</u></p> <p>Active ___                  Retired With Pay ___                  Retired Awaiting Pay ___                  Former Officer ___                  🍏 Widow (er) ___</p>
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🍏 Spouse's \_\_\_\_\_  
 Last Name      First Name      MI,      Rank      Branch of Service

**DUES:**      **Regular Members, \$20.00**      \$ \_\_\_\_\_  
                                          **Associate Members, \$10.00**      \$ \_\_\_\_\_

*Chapter memberships expire 31 December*

**CONTRIBUTIONS**

**ROTC Support Account**      Helps to pay for ROTC awards & decorations, & for cadet invitees to MOAA monthly dinners.      \$ \_\_\_\_\_

🍏 **ROTC Scholarship Fund**      Provides college scholarships for Junior ROTC Cadets.      \$ \_\_\_\_\_

**General Operating Account**      Supplements expenses related to programs, guest speakers, directory and newsletter.      \$ \_\_\_\_\_

**Memorial Account**      Supplements expenses for memorial contributions, cards, and flowers for members and spouses.      \$ \_\_\_\_\_

**Total Included Dues Contributions**      \$ \_\_\_\_\_

🍏 **Note:** if you desire to take a tax deduction for contributions to the ROTC Scholarship Foundation, please include a second check payable to TAL-MOAA Scholarship Foundation, Inc.