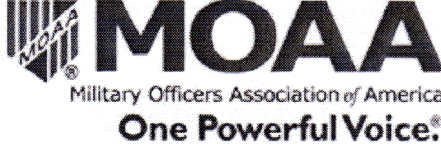


APPLICATION FOR MEMBERSHIP



RENEWAL OF MEMBERSHIP

Southern Illinois/Little Egypt Chapter of the Military Officer's Association of America

Name _____ Rank _____ Service _____ SSAN _____
 (Last) (First) (Middle) (Last Four Digits)

Current Status: Active Duty Retired Former Officer Auxiliary *Spouse of deceased member.
 Regular Reserve National Guard

Mailing Address _____ Email Address _____
 (Number) (Street Name)

 (City) (State) (Zip)

Telephone No. () _____ Birth Date _____

MOAA (National Membership No) _____ (See Magazine Label) National Membership Exp. Date _____

Spouse's Name _____ Signature _____ Date _____

Notes: Annual Chapter Dues are \$15.00 per year, paid in advance. Auxiliary Dues are \$7.50 per year, paid in advance
 Chapter Dues become due on January 1st of each year. Dues are delinquent in 30 days.

Mail to: Return address on envelope

For Renewal, complete only name, Email address, other corrections, and National Membership Information.