

*Our Mission: Taking Care of the Troops through Legislation & Support*

**MILITARY MEMBER/SPOUSE MEMBERSHIP APPLICATION** (good thru 12/2025)

**Membership is open to:**

Commissioned & Warrant Officers of the seven uniformed services: Army, Navy, Air Force, Marine Corps, Coast Guard, National Oceanic & Atmospheric Administration, Public Health Service, & Space Force.

Surviving Spouse of a deceased officer.

Supporting Member (spouse) of one of the above officers.

**Chapter Annual Dues:** The **military member pays \$19.00** & **Supporting Members (spouses) pay \$11.00**. Membership is for one year from January 1st to December 31st. Renewals begin processing in Nov. for the following calendar year. This form may also be filled out online on our website, [www.MOAA-CentralOhio.org](http://www.MOAA-CentralOhio.org). (You may also pay for 2 years at one time.)

Date: \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Rank:** \_\_\_\_\_ **Service:** \_\_\_\_\_

**Status:** Active \_\_\_\_\_ National Guard \_\_\_\_\_ Reserve \_\_\_\_\_ Former Officer \_\_\_\_\_ Retired \_\_\_\_\_

**\*Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **E-mail:** \_\_\_\_\_  
(Required for MOAA Basic Membership & to Receive Newsletter)

**\*Address:** \_\_\_\_\_  
Number & Street City State Zip plus 4

**\*Telephone:** (\_\_\_\_) \_\_\_\_\_ **\*Cell Phone:** (\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

**Name of Spouse (Supporting Member):** \_\_\_\_\_ **Spouse's email** \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**National MOAA Member?** Y/ N **Membership #** \_\_\_\_\_ **Type of membership:** (Circle one) Basic/  
 Premium/Life. MOAA membership is not required but highly encouraged as it benefits the Chapter. If you have never been a MOAA member & you have an email address, a free Basic MOAA membership, which is a digital only membership, is available to you. **Would you like a free Basic MOAA membership? Y/N**

Permission to publish your info for the chapter's use only? Y or N

Please fill in circle of all Central Ohio Chapter committees/activities in which you &/or your spouse might be willing to participate:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Adopt a Service Member Committee     | <input type="checkbox"/> Membership Committee                   | <input type="checkbox"/> Serve on Chapter/Foundation Board   |
| <input type="checkbox"/> Finance Committee                    | <input type="checkbox"/> Newsletter, electronic & written       | <input type="checkbox"/> Social Media Manager                |
| <input type="checkbox"/> Fundraising for Foundation Committee | <input type="checkbox"/> Personal Affairs Committee             | <input type="checkbox"/> Surviving Spouse/Spouse Coordinator |
| <input type="checkbox"/> Legislative Affairs Committee        | <input type="checkbox"/> Programs (ROTC, NG)                    | <input type="checkbox"/> Website Manager                     |
| <input type="checkbox"/> Luncheon/Program Coordinator         | <input type="checkbox"/> Public Relations/Advertising Committee |  |

Please include all Biographical Info (Military/Business experience, education, positions held) on back of form.

Please mail application, with check made out to "MOAA Central Ohio Chapter" or "COC/MOAA" to:

LCDR Nancy F. Rey USN (Ret)  
 C/O MOAA Central Ohio Chapter  
 7025 Star Hollow Lane  
 Delaware OH 43015-4357