



The Tampa Chapter of the Military Officers Association of America, Inc.

P.O. Box 6383
Tampa, FL 33608-0383



Name _____

Rank _____ Service _____ Status (Active, Retired, Former) _____

Street Address _____

City _____ State _____ Zip Code _____

EMAIL address _____

Phone (HOME or CELL) _____ Date of Birth: Month: _____ Day: _____

Spouse _____ Phone _____

Emergency Contact: Name _____ Phone _____

MOAA National Member Number _____ If not a MOAA National member, can we set up a Basic membership for you at no cost? I give my permission: signature: _____

Wartime Service: Please circle applicable information and provide dates of service:

World War II _____ Korean War _____ Vietnam Era: _____ Vietnam (in country) _____

Gulf War (Desert Shield/Storm) _____ Lebanon, Grenada, Panama _____

Iraq/Syria (OIF/New Dawn/OIR) _____ Afghanistan (OEF/ORS/OFS) _____

OR check No service during any of these periods of time _____

Tampa Chapter Annual Dues: \$30 No fee for Active Duty or Surviving Spouses.

Chapter name tag \$13 YES _____; NO _____: Name as you want it on name tag: _____

You may bring the completed form to any Chapter event, or you can mail it with your check (payable to MOAA Tampa Chapter) to: Matt Mularoni, C/O MOAA Tampa, PO Box 6383, Tampa, FL 33608-0383.

Email questions to: membership@moaatampa.org

*** The Chapter has my permission to list only my name and rank as a new member in our Chapter Newsletter, *The Retrospect*". YES _____ No _____