



MILITARY OFFICERS ASSOCIATION
of
SOUTHWEST FLORIDA

P.O. Box 1212
Naples, FL 34106-1213
239-356-1116

www.moaswf.org / info@moaswf.org



MEMBERSHIP APPLICATION

Name: _____
(Last) (First) (Middle)

Applying for (circle): Regular or Auxiliary or Civilian

Are you a wartime Veteran (circle): Yes/No

Military Status (circle): Active/Retired/Former/Spouse NOTE: If military, verification is required; i.e., DD Form 214 (SSAN blacked out) or any other form.

Civilian: (State why you wish to join): _____

Rank: _____ Service: _____ (if applicable) If Spouse is deceased, state name/rank/service of Spouse: _____

Date of Birth: _____ (mm/dd/yy) Spouses' Name: _____

Southern Address: _____

Northern Address (if applicable): _____

Preferred Telephone #: _____ (home/cell) Alternate: _____

E-mail address: _____ MOAA Member # (if applicable): _____

Chapter Participation Interest (circle): Annual Military Ball JROTC Fundraising Judicial/Legal matters

Presenters/Speakers Public Relations Personal Affairs Other: _____

Your Annual Dues for 2021 may be paid by check, \$50.00, or online, \$52.00 (includes convenience fee). Two years: \$100.00 by check or online \$104.00

New Members: Applications are reviewed monthly at the Board Meetings, which are conducted on the 1st Thursday of the month, 1730 hours.

Your information will never be disclosed.

NEVER STOP SERVING



MEMBERSHIP APPLICATION



Name: _____
(Last) (First) (Middle)

Do you wish to have your information posted on-line in a member's only access page?

NAME: YES or NO ADDRESS: YES or NO PHONE: YES or NO e-mail: YES or NO

SPOUSE'S NAME: YES or NO PHONE: YES or NO _____
e-mail: YES or NO _____

Do you wish to have your information in a printed directory (to be distributed to member's only)?

NAME: YES or NO ADDRESS: YES or NO PHONE: YES or NO e-mail: YES or NO

New Members: Submit your application and verification to info@moaswf.org; pay online or mail to:

MOASWF Membership
P.O. Box 1212,
Naples, FL 34106

Signature: _____ Date: _____

Dues: _____

JROTC Fund: _____

Total Enclosed: _____

Thank you for your membership!

Questions:

Contact: Susan Farr, President

239-356-1116 or info@moaswf.org

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