Hawaii Aloha Chapter, MOAA, Membership/Application Form

Revised: November 2025 . All prior forms obsolete. Check All Applicable Boxes

Enroll me as a Regular Member: ☐ **Each year of membership = $20** ____ **= No. of Years Five Years = $90** ☐

Enroll me as a Spouse Member: ☐ **(*i.e.*, spouse of a Chapter Regular member, or Surviving Spouse of a deceased officer)**

Each year of membership = $15 ☐ **Five Years = $60** ☐ **NOTE Include Regular Member/deceased officer RANK Below**

PLUS Partial Year Membership: ☐ **APR – JUN = $15;** ☐ **JUL – SEP = $10** ☐ **OCT-DEC = $5 = Total** ☐

Active Duty/current Guard/Reserve or 90 Years and Older = FREE

Current/Retired/Last Rank held: _____

_____

Name Last, First Middle/Initial(s) (PLEASE PRINT) DOB MM/DD/YYYY

_____

Address

_____

City, State Zip **Spouse's Name**

H **C**

Telephone Numbers H=Home/C=Cell **E-mail**

_____

Applicant's Signature / Date

_____

Recruiter/Sponsor's Name

Mail Application Form and Membership Dues Check to
Hawaii Aloha Chapter, MOAA
P. O Box 201441
Honolulu, HI 96820

CHECK APPLICABLE BOXES

STATUS

- ☐ **Active**
- ☐ **Reserve**
- ☐ **National Guard**
- ☐ **Retired from AD**
- ☐ **Retired from Res.**
- ☐ **Former Officer**
- ☐ **Surviving Spouse (indicate Rank above and check Service of Spouse)**

SERVICE

- ☐ **US Army**
- ☐ **USAF**
- ☐ **US Navy**
- ☐ **USCG**
- ☐ **USMC**
- ☐ **USPHS**
- ☐ **NOAA**
- ☐ **USSF**

☐ **National MOAA Member:**

MOAA No. _____

ACTIVE DUTY WAR VETERAN

- ☐ **KOREA 06/27/50 – 01/31/55**
- ☐ **VIETNAM 02/28/61 – 05/07/75**
- ☐ **OIF/OEF 08/02/90 – TBD**