

AND
Hawaii State Chapter MOAA
PO Box 15889
Honolulu, HI 96830

Paid Membership Enrollment

SPECIAL OFFER:

MOAA National - Two Years for \$30

Hawaii State Chapter - Two Years for \$25

Name _____

Branch of Service _____ Rank _____

Retired Active Former

Reserve National Guard Auxiliary

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Phone Number _____

E-Mail Address _____

Chapter Name **Hawaii State Chapter MOAA**

Chapter Recruiter _____

Are you a member of this chapter? Yes No

Spouse name _____

Method of Payment Chapter: Check made payable to
Hawaii State Chapter MOAA \$25

Method of Payment MOAA National (\$30):

Check (payable to MOAA)

Visa Discover

MasterCard AMEX

Card Number _____

Amount \$ _____ Expiration Date _____

Signature _____

Send To: Hawaii State Chapter MOAA
PO Box 15889
Honolulu, HI 96830