



# Hawaii State Chapter

## Military Officers

## Association of America

### Renewal Membership Form (enter name and changes only)

Name \_\_\_\_\_

Branch of Service \_\_\_\_\_

Rank \_\_\_\_\_

- Retired       Active       Former  
 Reserve    National Guard    Auxiliary

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse's name \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Dues: Regular Members: \$25/yr. 5 years \$100

Auxiliary: \$20/yr. 5 years \$75

90 and over: FREE!

Dues enclosed \$ \_\_\_\_\_

Optional Donations: Scholarships \$ \_\_\_\_\_

Community Services \$ \_\_\_\_\_

Total remittance \$ \_\_\_\_\_

Check payable: Hawaii State Chapter MOAA

I can assist the Chapter by participating in one of the following committees:

Membership \_\_\_ Programs \_\_\_ Auxiliary \_\_\_

Publishing Pau Hana Koa \_\_\_ Directory \_\_\_

**Send To: Hawaii State Chapter MOAA**

**PO Box 15889**

**Honolulu, HI 96830**

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