



**2020 CHAPTER MEMBERSHIP
APPLICATION/RENEWAL**

Last Name _____ First _____ Initial _____ Rank _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone _____

Date of Birth MM ____ DD ____ YYYY _____

National MOAA Number _____ Life Member Y/N

Please Circle all that apply:

Status: Active - Former - Retired - Auxiliary/Widow – Surviving Spouse

Service: NOAA – Army – Air Force – Coast Guard – Marine Corps – Navy – USPHS

Branch: Active – Guard – Reserve –

Spouse Full Name _____ Date of Birth MM ____ DD ____ YYYY _____

Signature _____ Date _____

The cost of membership is: Regular \$15 annually; Surviving Spouse \$10 annually. **The remainder of your first calendar year is free to NEW members.**

Make your check payable to: Coronado Chapter, MOAA, P.O. Box 1685, Sierra Vista, AZ 85636-1685

For further Membership questions contact:

Membership Director Jim Clenney at 520-234-5286, j2k2c4@cox.net

Tom Day at 915-588-9281, tday500@yahoo.com.