

**CHAPTER MEMBERSHIP
APPLICATION/RENEWAL**

Last Name _____ First _____ Initial _____ Rank _____

Address _____ City _____

State _____ Zip _____

Email Address _____ Phone _____

Date of Birth MM ____ DD ____ YYYY ____ National MOAA # _____

MOAA Life Member? Y/N

Please Circle all that apply:

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

Component: Active – Guard – Reserve

Status: Active - Former - Retired - Surviving Spouse

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

(New Memberships are free for the remainder of this year.)Regular members: New Member \$15 per year \$50 for five years \$150 for LifeSurviving Spouse members: New Member \$10 per year \$40 for five years \$100 for Life

Signature _____ Date _____

Make check payable to: **Coronado Chapter, MOAA**

P.O. Box 1685, Sierra Vista, AZ 85636-1685

Paid w/ Check Nbr _____

For any Membership questions contact:**President Jim Clenney at 520-234-5286 or coronadomoaa@gmail.com****NOTE THAT CHAPTER DUES
ARE "DUE"**

Chapter memberships are for calendar years.

Please use the form above to renew as needed.

Questions? Email: coronadomoaa@gmail.com

