 

**Application Form** **www.grandstrandmoaa.org**  ONE POWERFUL VOICE

**Grand Strand Chapter MOAA**: \_\_\_\_ Application/Renewal \_\_\_\_ Change of address /contact info

**Chapter Annual dues: $20.00 for regular membership or *$50 For 3 year membership*. For NEW MEMBERS: $20 1st Quarter; $15, 2nd Quarter; $10, 3rd Quarter; $20, 4th Quarter (Good for Following Year).**

**Make check payable to: “Grand Strand MOAA”. Mail to: MOAA Grand Strand Chapter, P.O. Box 15842, Surfside Beach, SC 29587.**

Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_\_\_

DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank \_\_\_\_\_\_\_ Service \_\_\_\_\_\_\_\_\_\_ Spouse’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (please print clearly !! )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of National MOAA? \_\_\_\_\_\_\_\_ If yes, please provide membership number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Status**: \_\_ Retired \_\_ Active \_\_ Reserve \_\_National Guard \_\_ State Guard \_\_Former Officer \_\_ Auxiliary \_\_ROTC \_\_JROTC

*{My signature below verifies that the above information may be shared in a Members Only Directory and that I am eligible for MOAA Chapter membership.}*

**Amount: $ \_\_\_\_\_\_\_\_\_ Check\_\_\_ Cash \_\_\_ For year(s) \_\_\_\_\_\_\_\_\_\_\_\_ Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Additional amount (donation) for this year’s scholarship awards:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**…**…………………………………………………………………………………………………………………………………………………………………………………….

Current employment (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional skills (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If Auxiliary member or applicant, please indicate your spouse’s full name, military service affiliation, rank, and current status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Interested in a Chapter leadership/committee position? If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(continue on reverse)

MOAA Mission/Purpose: To foster fraternal relations (and mutual support) among retired, active duty, and former officers of the uniformed services and their National Guard and Reserve counterparts, ROTC cadets, their families and survivors; Assist community organizations that support service members and veterans and their families; to provide funds for college scholarships for area high school seniors (normally JROTC students); conduct fund-raising to support other service member and veterans’ programs (e.g. Wounded Warrior visits); provide annual MOAA leadership awards to graduating cadets in all area high school approved/active JROTC programs; participate, collaboratively, in coastal community events and activities, as priorities and resources permit; Maintain a proactive chapter affairs program that supports members during health and other family emergencies; promote the aims and objectives of the Military Officers Association of America (MOAA); and, the aims and objectives of the SC MOAA Council of Chapters. MOAA and its affiliated Chapters and Councils are non-partisan.