



Application for Mahoning and Shenango Valleys Chapter—MOAA

Name: _____ Military Status: _____ Date of Birth: _____

Spouse Name: _____ Spouse Date of Birth: _____

Branch of Service: _____ Number of Years Active: _____ Number of Years Reserve: _____

Regular Member (Retired, Former, Active*
Officer of the seven uniformed US Services).
Membership \$20/yr.

Spouse (local MOAA chapter only, not
National. Your spouse is a member of MSVC).
Membership \$20/yr.

Surviving spouses of an officer. Membership \$10/yr.

Active* Reserve* National Guard*
 * Free chapter membership if under government contract
 and you maintain a MOAA national membership.
 A non-military e-mail address is preferred.

Member of MOAA National? Yes No*

Address: _____ MOAA National Member # _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____

Newsletters will be e-mailed. Check this box if you prefer US Postal Service:

Membership year from January 1 to December 31. New chapter members who join the chapter after July 1, shall be granted the remaining year and the next year of membership.

*If you join MOAA national as a PREMIUM member (\$43) you receive a voucher in the mail for one year FREE chapter membership. Go to www.moaa.org

Make Check Payable to: **MSVC-MOAA**

One year chapter membership: \$ _____

Mail to:

MSVC-MOAA
 Membership Chair
 PO Box 494
 Vienna, OH 44473

Scholarship Donation: \$ _____

Total of check enclosed: \$ _____