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# 2024 Alameda MOAA Membership Application

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| **Please Check One**  |   | **Please Check One**  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   | New Member  |   |   |   |   | Officer  |   | Spouse  |   | Surviving Spouse  |   |
|   |   | Renewal  |   |   |   |   |   |   |
|   |  |   |   |   |   |   |   | **Name and Rank of qualifying officer's spouse:**  |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |

 ***This Word document allows you to provide checks in the appropriate boxes, or allows for text input.***

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| --- | --- | --- |
|  **Military Status (please check one)**  |   |   |
|   | Active Duty  |   | Retired   |   | Guard/Reserve  |   | Former / Inactive  |   |
|  **U.S. Service (please check one)**  |   |
|   | Army  |   | Air Force  |   | Coast Guard  |   | Marine Corps  |   |
|   | Navy  |  | USPHS  |   | U.S. Space Force  |   | NOAA  |   |
| **Date**:  |  mm/dd/yyyy  | **National MOAA #*\**:**  |  |

*\*National MOAA # not required;  however, you can acquire free basic membership at:*[*https://www.moaa.org/content/join-moaa/why-join-moaa/*](https://www.moaa.org/content/join-moaa/why-join-moaa/)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:**  |   | **Rank:**  |   | **Date of Birth:**  | mm/dd/yyyy  |   |   |
| **Email:**  |   | **Phone:**  |   |   |   |   |   |
| **Address:**  |   | **Apt**:  |   | **City**:  |   | **State:**  |   | **Zip Code**  |   |
| **Spouses Name:**  |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I am interested in participating in a Chapter office or committee  |   | Yes  |   | No  |

Membership is for the calendar year commencing 1 January of each year.

**Annual Dues:  1) Active Duty**:  $0   2) **Regular**:  $20 / $10 if joining after July 1   **3)** **Spouse/Surviving Spouse**: $5

New Members: Please attach a copy of your military ID, DD-214, or other proof of service as military officer.

**Make checks payable to:**  ALAMEDA COUNTY CHAPTER, MOAA  or [Paypal](https://www.paypal.com/us/home) to mcdcpa@gmail.com

**Submit:** Can be filled out electronically and emailed to alamedamoaamembership@alamedamoaa.org or mail

MOAA Alameda County Chapter, c/o: Rudolf Bredderman, 35923 Romilly Court, Fremont, CA 94536. 

**MOAA – ONE ASSOCIATION, ONE VOICE – YOURS**

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