**THE MILITARY OFFICERS ASSOCIATION OF AMERICA (MOAA)**
**FORT RUCKER CHAPTER**
**LIFE MEMBERSHIP**
**Application for Life Membership (Revised Mar. 2008r3)**

Date_____

I _____(ret.) _____request to become a
(Rank) (First Name) (MI) (Last name)
Life Member of the Fort Rucker Chapter of the MOAA.

**I certify that I am a member of MOAA national.** (Membership in National is required.)

MOAA Number(if known): _____

The full payment of $ _____.00 is enclosed.
(Full payment is $200.00; an additional $6.00 is required if a Life Member Name Tag is desired.)

First name for name tag: _____

Make check payable to **FORT RUCKER MOAA LIFE MEMBERSHIP.**

Applicant's Signature: _____

Street Address: _____City _____

State _____ ZIP _____ Telephone (_____) _____

E-mail address: _____ Date of Birth: _____

Spouse's Name: _____

- I designate the Life Membership as my Beneficiary to perpetuate the fund.

or

Beneficiary: Name _____
Address _____
_____

Please mail this application to:
**MOAA LIFE MEMBERSHIP**
**PO Box 620075**
**FORT RUCKER, AL 36362-0075**

**Note: Upon death of the member, $170 of the $200 will be refunded. If you move more than 560 miles away and desire to terminate your membership, $170 of the $200 will be returned to you within one year of your request for refund. Acknowledgment (Please initial) _____.**