

Hawaii Aloha Chapter MOAA Membership Application or Renewal

Aloha and welcome to the Hawaii Aloha Chapter Ohana! Just take a few minutes to fill out the form below and submit your membership information. Or pay by credit card on our website at www.moaa-hawaii.org. If you have questions or comments, please call Mark Webster at (808) 734-5994 or email markster96816@gmail.com

Hawaii Aloha Chapter, MOAA, Membership/Application Form

Revised: October 2016. All prior forms obsolete.

Enroll me as a Regular Member: Each year of membership = \$20. = No. of Years Five Years = \$90.

Enroll me as a Surviving Spouse Member: (i.e., spouse of a U. S. military officer, surviving spouse of a deceased officer)

Surviving Spouse: Each year of membership = \$15. Five Years = \$60

Active Duty or 90 Years and Older = FREE

Name Last, First Middle/Initial(s) (PLEASE PRINT) DOB MM/DD/YYYY

Address

City, State Zip

Spouse's Name

H

B

C

Telephone Numbers

H=Home/B=Business/C=Cell

E-mail

Applicant's Signature

Recruiter/Sponsor's Name

*Mail Application Form and
Membership Dues Check to
Hawaii Aloha Chapter, MOAA
P. O Box 201441
Honolulu, HI 96820*

CHECK APPLICABLE BOXES

STATUS	RANK	SERVICE
<input type="checkbox"/> Active	<input type="checkbox"/> Reserve	<input type="checkbox"/> US Army
<input type="checkbox"/> National Guard	<input type="checkbox"/> Retired from AD	<input type="checkbox"/> USAF
<input type="checkbox"/> Retired from Res.	<input type="checkbox"/> Former Officer	<input type="checkbox"/> US Navy
<input type="checkbox"/> Surviving (indicate	<input type="checkbox"/> National MOAA Member:	<input type="checkbox"/> USCG
	MOAA No. _____	<input type="checkbox"/> USMC
		<input type="checkbox"/> USPHS
		<input type="checkbox"/> NOAA

Rank above and check Service of Spouse)

National MOAA Member:

MOAA No. _____

ACTIVE DUTY WAR VETERAN

- WWII 12/07/41 – 12/31/46
- KOREA 06/27/50 – 01/31/55
- VIETNAM 02/28/61 – 05/07/75
- GULF 08/02/90 – TBD