MOAA CENTRAL OHIO CHAPTER

Military Officers Association of America

A Joint Non-Partisan MOAA Affiliate

Our Mission: Taking Care of the Troops through Legislation & Support

2019 LOCAL CHAPTER MEMBERSHIP DUES RENEWAL NOTICE

This renewal notice is for your local Ohio Chapter of MOAA yearly dues (Jan. 01, 2019 – Dec. 31, 2019) only. Dues notice for National MOAA comes separately from the National MOAA headquarters.

Military member. $15.00/year

Surviving Spouse (widow/widower)/Supporting Spouse Member (spouse).....$ 7.00/year

The spouse of each military member is encouraged to become a supporting member as numbers count when it comes to legislation. All surviving spouse/spouse supporting members are entitled to full membership privileges to include voting and holding elected offices.

NOTE: Dues for the 2019 calendar year are due by 30 December 2018. However, you also may pay for the year 2020.

Correspondence (newsletter, lunch reservation, etc.) from the Chapter comes via email & can be found on our website, www.moaa-centralohio.org, unless other arrangements are made with the Secretary.

TWO WAYS TO RENEW: 1) Fill form out online at the above website & pay by credit card, PayPal, or by mailing in your check to the address below **OR 2)** Print this renewal form & mail, with your check made out to "Central Ohio Chapter MOAA" or "COC/MOAA" to:

LCDR Nancy F. Rey
500 Tyler Station Drive
Johnstown, OH 43031-8420

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MOAA CENTRAL OHIO CHAPTER – 2019 MEMBERSHIP TRANSMITTAL FORM

1 YR 2 YR

Military member: ________________________________Rank _____Service____AD/RET/FORMER $15 OR $30

Surviving Spouse member ____ $ 7 OR $14

Supporting (current military member's wife) Spouse member ________________________________$ 7 OR $14

May we publish your info for the Chapter's use only? Y or N Check attached in the amount of $ __________

______________________________ Circle Type of MOAA membership: Basic/Premium/Life

MOAA membership # above name on MOAA magazine label, or attach label)

Your Help is always needed, **PLEASE** fill in the circle of any Committees in which you would be willing to assist:

O Administration
O Finance
O Fundraising
O Legislative Affairs
O Luncheon Coordinator
O Membership
O Newsletter
O Personal Affairs
O Phoning Members
O Program Planning
O Public Relations/Advertising
O Scholarship
O Serve as a Board member
O Social Media
O Surviving Spouse/Spouse Member
O Website

FILL IN BELOW ONLY IF ANY ITEM HAS CHANGED IN THE PAST YEAR

Address: ____
(Street)

________________________ ____________ ____________________
(City) (State) (ZIP 5+4)

________________________ ______________________________
(Telephone) (Cell Phone)

______________________________ ______________________________
(MILITARY MEMBER'S EMAIL ADDRESS) (SURVIVING/SUPPORTING SPOUSE'S EMAIL ADDRESS)

(EMAIL ADDRESSES ARE IMPORTANT TO RECEIVE THE NEWSLETTER AND OTHER CORRESPONDENCE)

______ **Check to receive newsletter by postal mail, if you have no email address.**