

**MILITARY OFFICER'S ASSOCIATION OF SARASOTA, INC.
 PO BOX 1016, Sarasota, FL 34230-1016
 2023 MEMBERSHIP APPLICATION**

Annual Membership Dues (Jan - Dec): **\$35.00** Over 90 = **Dues Exempt**

We email our monthly newsletter, *The Sarasota Breeze*. **If you would prefer to have it delivered by USPS, please include an additional \$16 to cover the cost to print and mail.**

Membership Type (Check One): Regular ___ Regular (Surviving Spouse) ___ Associate ___ Allied ___

Dues: \$ _____ + **Newsletter by USPS** \$ _____ + **Scholarship/Foundation Donation:** \$ _____ = **TOTAL:** \$ _____
(\$35/year) (\$16/year) (100% Tax Deductible) Write In Total

Mail this application **to the above address** with your check payable to: **M.O.A.S.** **Your Check Number #** _____

Signature **Date**

Dues includes an electronic subscription to *The Sarasota Breeze*, the Chapter Directory and participation in social and community activities. Please do not pre-pay for advance years. Also, please do not include luncheon reservations or national MOAA premium.

Last Name	First Name	MI	Rank	Service	Spouse's/Partner's Name
Street Address (Include Apt #)	City		State		9-digit Zip Code

Desired Phone for Contact _____ **E-Mail Address** _____

Please do not include my contact information in the Directory. *I am including \$16 for a printed copy of the monthly Sarasota Breeze newsletter to be sent via postal mail.*

I would like to volunteer to serve in the following capacity. _____

MOAA Member? _____ **If Yes, Member Number:** _____ **Birth Date:** _____

Please check the appropriate spaces

Military Status: _____ Active _____ Retired _____ Former Officer _____ Surviving Spouse _____

Military Component: _____ Regular _____ Reserve _____ Guard _____ USPHS _____ NOAA _____ Allied _____

THANK YOU FOR BEING A MOAS MEMBER

Please Return the Entire Form.