

**MILITARY OFFICER'S ASSOCIATION OF SARASOTA, INC.  
 PO BOX 1016, Sarasota, FL 34230-1016  
 2026 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 \$24 to cover the cost to print and mail.

**Membership Type** (Check One): Regular \_\_\_ Surviving Spouse (Regular) \_\_\_ Associate \_\_\_ Allied \_\_\_ Over 90 \_\_\_

**Dues:** \$ \_\_\_\_\_ + **Newsletter by USPS** \$ \_\_\_\_\_ + **Scholarship/Foundation Donation:** \$ \_\_\_\_\_ = **TOTAL:** \$ \_\_\_\_\_  
(\$35/year) (\$24/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.

Please Return the Entire Form.

\_\_\_\_\_  
 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 Birth Date

Please do not include my contact information in the Directory.  I am including \$24 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 #: \_\_\_\_\_

If Not, Permission to provide email address to MOAA for a Basic FREE membership: Yes \_\_\_ No \_\_\_

**Military Status:** Active \_\_\_ Retired \_\_\_ Former Officer \_\_\_ Surviving Spouse \_\_\_

**Military Component:** Regular \_\_\_ Reserve \_\_\_ Guard \_\_\_ USPHS \_\_\_ NOAA \_\_\_ Allied \_\_\_

**THANK YOU FOR BEING A MOAS MEMBER**