



**The Tampa Chapter of the Military Officers Association of America, Inc.**

**P.O. Box 6383  
Tampa, FL 33608-0383**



Name \_\_\_\_\_

Rank \_\_\_\_\_ Service \_\_\_\_\_ Status (Active, Retired, Former) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

EMAIL address \_\_\_\_\_

Phone (HOME or CELL) \_\_\_\_\_ Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_

Spouse / Emergency Contact: Name \_\_\_\_\_

Phone \_\_\_\_\_

MOAA National Member Number \_\_\_\_\_

If not a MOAA National member, can we set up a Basic membership for you at no cost? **YES** or **NO**

I give my permission: signature: \_\_\_\_\_

**Wartime Service: Please circle applicable information and provide dates of service:**

World War II \_\_\_\_\_ Korean War \_\_\_\_\_ Vietnam Era: \_\_\_\_\_ Vietnam (in country) \_\_\_\_\_

Gulf War (Desert Shield/Storm) \_\_\_\_\_ Lebanon, Grenada, Panama \_\_\_\_\_

Iraq/Syria (OIF/New Dawn/OIR) \_\_\_\_\_ Afghanistan (OEF/ORS/OFS) \_\_\_\_\_

OR check No service during any of these periods of time \_\_\_\_\_

**Tampa Chapter Annual Dues: \$30.00; ----- No fee for Active Duty or Surviving Spouses. -----**

You may bring the completed form to any Chapter event, or you can **mail** it with your check (payable to **MOAA Tampa Chapter**) to: **Matt Mularoni, C/O MOAA Tampa, PO Box 6383, Tampa, FL 33608-0383.**

**Email questions to: [membership@moaatampa.org](mailto:membership@moaatampa.org)**

**\*\*\* The Chapter has my permission to list only my name and rank as a new member in our Chapter Newsletter, *The Retrospect*". YES \_\_\_\_\_ No \_\_\_\_\_**