

Lancaster Chapter Military Officers Association of America (MOAA)
P.O. Box 5031
, Lancaster PA 17606-5031

Membership Type: Officer: Surviving Spouse:

Spouse/Other: _____
 (Last) (First) (Middle Initial) (Nickname)

Email Address: _____ Phone: _____

Gender: Male: Female: Year/Date of Birth:

Branch of Service: _____ Rank: _____

Status: _____ Commission: _____
(Active, Retired, Former) (Academy, ROTC, OTS)

Dates Of Service: _____
Please include any enlisted, warrant or commissioned service dates. Information is used to maintain the chapter's 501(c)(19) tax exempt status.

MOAA Member Number: (If applicable)

A MOAA National Basic Membership for online access to digital content is free. If interested, see <https://www.moaa.org/content/join-moaa/why-join-moaa/>.

Join online or
check here to consent to a free Basic MOAA membership. with MOAA National.

Referred by:

Signature: _____ Date: _____

Web site: <http://www.moaalancasterchapt.org/>

Optional Background Information

Birthplace/Hometown: _____

Education: _____

Current Occupation/Retirement Activity/Volunteer Work: _____

Family/Children: _____

Military Assignments: _____

Chapter Interests:

Attend Chapter Social Events: _____

Adopt-a-Kid/Adopt-a-Vet Participation: _____

Chapter Leadership/Operations:

Elected Office: President/Vice President: _____ Board of Directors: _____

Corresponding Secretary: _____ Recording Secretary: _____

Treasurer: _____

Legislative Liaison: _____

Member Assistance: _____

Member Records: _____

Member Recruiting: _____

Newsletter Editor: _____

Publicity: _____

ROTC Liaison: _____

Scholarship: _____

Social Event Planning: _____

Social Event Programs: _____

Surviving Spouse Liaison: _____

Website Management: _____