

High Country Chapter NC 21



**Membership Application**

The information below is needed for National MOAA requirements, HCCMOAA information and for the HCCMOAA Roster.

Date \_\_\_\_\_

Full Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Employer \_\_\_\_\_

Email Address \_\_\_\_\_ DOB \_\_\_\_\_

Rank \_\_\_\_\_ Service Branch \_\_\_\_\_ SSN \_\_\_\_\_

Active Duty \_\_\_ Retired \_\_\_ Former \_\_\_ Reserve \_\_\_ Nat'l Guard \_\_\_ Surviving Spouse \_\_\_

Retirement Date \_\_\_\_\_ Active Duty Dates \_\_\_\_\_

Interests, hobbies, expertise: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently a member of National MOAA. Yes \_\_\_ No \_\_\_ If yes, MOAA No. \_\_\_\_\_  
(Membership in National MOAA is required; national dues are waived for the first year.  
High Country Chapter dues are \$22.00 per year).

Signature \_\_\_\_\_

Please download and mail completed form and dues to:

High Country Chapter MOAA  
P O Box 3312  
Boone NC 28607

Membership requirements: Commissioned or Warrant Officers of the Eight Uniformed Services (Army, Navy, Air Force, Marine Corps, Coast Guard, Space Force, National Oceanic and Atmospheric Administration and US Public Health Service. Surviving Spouses of any deceased individuals who would, if living, be eligible for membership. Regular members must hold and maintain membership in both National MOAA and High Country Chapter.