

**THE INDIAN RIVER CHAPTER  
MILITARY OFFICERS ASSOCIATION of AMERICA  
PO BOX 644047  
Vero Beach FL 32964-4047**

**APPLICATION FOR CHAPTER ASSOCIATE MEMBERSHIP**

Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth (MM/DD/YR) \_\_\_\_\_ Spouse's Rank \_\_\_\_\_ Service \_\_\_\_\_

Mailing address \_\_\_\_\_  
Number Street Apartment

City State Zip Code

Summer address \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Home phone: \_\_\_\_\_ Summer phone: \_\_\_\_\_

Spouse's name \_\_\_\_\_

Signature \_\_\_\_\_

Annual Chapter Associate Membership Dues are \$15. Check should be payable to IRC-MOAA. Please send completed application and dues to IRC-MOAA, PO Box 644047, Vero Beach, FL 32964-4047.

Referred by: \_\_\_\_\_