

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

APPLICATION FOR CHAPTER SURVIVING SPOUSE MEMBERSHIP

Date: _____

Last Name _____ First _____ Middle _____

Date of Birth (MM/DD/YR) _____ Late Spouse's Rank _____ Service _____

Mailing address _____
Number Street Apartment

City State Zip Code

Summer address _____

E-mail: _____ Fax: _____

Home phone: _____ Summer phone: _____

I am ____ am not ____ a member of National MOAA. My membership number is ____.
If a member of MOAA, I am ____ am not ____ a Life Member. If not a member of National
MOAA, all applicants are encouraged to join. National MOAA phone number is 1-800-234-
6622.

Signature _____

Annual Chapter Surviving Spouse 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: _____