

SUN CITY CENTER CHAPTER

Post Office Box 5693 Sun City Center, FL 33571-5693 Website: sccmoaa.org

MOAASun City Center Chapter Enrollment Form

Date	
Name	
Rank	Branch of Service
Active Retired Former	Reserve National Guard Surviving Spouse
Spouse Name	
Address	
City	State Zip
Date of Birth	Phone
Email	
Are you a member of MOAA National? TYES	NO UNKNOWN If Yes, MOAA number
Do you want a name tag at \$10? YES _	NO If Yes, what name?
Do you want a name tag for your spouse at S	\$10.00? If Yes, what name?
Not a MOAA national member yet receive a BASIC Membership at n	
	o PREMIUM membership, giving you immediate access to a es, exclusive publications, college scholarships for ducts and travel.
How did you hear about MOAA Chapter invol	lvement?
Are you a member of any other Chapter(s)? [Yes NO If yes, which one(s)?
To complete enrollment:	

- Print this application, fill it out and mail it with your check made payable to "SCC MOAA Chapter" to the Chapter's address above.
- For additional information please email waltcawein@gmail.com

Other:

- Chapter annual dues are for officers \$20.00, for Surviving Spouse \$15.00 and for Spouse Free.
- Chapter luncheons/meetings are held the 1st Wednesday of the month except July and August. Guest speakers on multiple topics during each luncheon.