



Clearwater Florida Chapter Membership Application / Renewal Form

Full Name _____ Rank & Service _____

Mailing Address _____ City _____

State _____ Zip Code _____ Email Address _____

Home Phone: _____ Cell Phone: _____

National MOAA Member? MOAA Number: _____

Regular Member Dues = \$20 per year
Spouse / Surviving Spouse Dues = \$15 per year
(National MOAA dues separate)

Your Total Dues: _____

Signature and Date

I want my monthly newsletter by: Email U.S. Mail

Make check out to **Clearwater Chapter MOAA**. Please indicate dues type (Reg/Spouse/Surv Spouse) and year on check. Return this application and dues **Treasurer Jane Belson** or mail to **Mrs. Jane Belson, 1824 Northwood Drive, Clearwater, FL 33764**

Visit our Clearwater MOAA website at www.moaaf.org/chapters/MOAAFLCWC