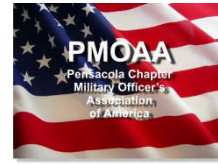




Membership Application JOIN PMOAA NOW!



MEMBERSHIP IN LOCAL CHAPTER CAN BE AS PRODUCTIVE AS YOUR NATIONAL MEMBERSHIP

Annual PMOAA dues \$20.00. Please make check payable to "PMOAA" and mail to:
PMOAA, PO BOX 4979, PENSACOLA, FL 32507

(Please print the required information)

Application Date: _____

Name: _____

Spouse: _____

Mailing Address: _____

City, State ZIP: _____

Phone Nos: (Home) _____ (Cell) _____ (Business) _____

E-Mail Address: _____

Rank: _____

Branch of Service: _____

Active* Retired Reserve* National Guard* Former Officer
 Auxiliary**

Might like to serve on a Chapter Committee

Me: Yes No — My Spouse: Yes No

I am interested in serving as a Chapter Officer or a Director: Yes No

National Member No: _____ Life: Yes No

Please Order PMOAA Name tags

(add \$12.00, \$13.00 for Life Members, for each name tag when dues are first paid)

Name or nick-name desired _____

Rank and Service: _____

Spouse Name or nick-name desired _____

Military Service desired on tag Yes No

Amount enclosed: \$ _____

* Free one year membership for Active Duty, National Guard, and Reserve when you join PMOAA

** Surviving spouse of eligible officer