



## Paid Membership Enrollment

### SPECIAL OFFER:

Members/Auxiliary Members\* Two Years for \$28

*\*Surviving spouse of eligible officer.*

Name \_\_\_\_\_

Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_

Retired  Active  Former Officer

Reserve  National Guard  NOAA

USPHS  Auxiliary (*Surviving spouse of eligible officer*)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Chapter Name **Heartland of America, Bellevue NE**

Chapter Recruiter \_\_\_\_\_

Are you currently an MOAA chapter member?

Yes  No

Chapter Name Heartland of America Chapter, Bellevue NE

Spouse Name \_\_\_\_\_

Spouse Day and Month of Birth \_\_\_\_\_

*We value your privacy. MOAA does not rent or sell e-mails to third parties. You will receive e-communications from MOAA. See [www.moaa.org/email](http://www.moaa.org/email)*

### Method of Payment

Check (payable to MOAA)

Visa  Discover

MasterCard  AMEX

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

F0900GMRGF

**Local Membership:**  Renewal \$20  Initial free

Auxiliary \$5 Benefactor/Donor \$ \_\_\_\_\_

MOAA Membership # \_\_\_\_\_ Life Mbr?  Yes  No

Make local dues check out to Heartland MOAA Chapter

Date of check \_\_\_\_\_ Amnt \$ \_\_\_\_\_ Check # \_\_\_\_\_

### Send To

**Heartland of America Chapter MOAA, Bellevue NE 68123**

*Dues to MOAA are not deductible as charitable contributions for federal tax purposes. Annual membership dues include a \$12 subscription to Military Officer Magazine.*



2009

## Free Membership Enrollment

**Yes! I accept your invitation to join MOAA today. Sign me up now for this special FREE one-year-membership.**

Name \_\_\_\_\_

Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_

**ATTN: Active duty, National Guard, and Reserve Officers. You are eligible for a FREE one-year-membership. Please do not send payment with this enrollment.**

Active Duty  National Guard  Reserve

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Chapter Name \_\_\_\_\_

Chapter Recruiter \_\_\_\_\_

Spouse Name \_\_\_\_\_

Spouse Date of Birth \_\_\_\_\_

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**In order to receive Give Me 10! credit, enrollees may not be current MOAA members.**