



Central Virginia Chapter
Military Officers Association of America

Membership Application for Surviving Spouses

Surviving Spouse Membership is open to surviving spouses of officers of the U.S. Armed Services, the U.S. Coast Guard, the National Oceanic and Atmospheric Association, and the U.S. Public Health Service.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name or nickname: \_\_\_\_\_ (for badge)

Spouse's Name: \_\_\_\_\_

Spouse's Rank: \_\_\_\_\_ Service: \_\_\_\_\_

Your Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Annual Dues: Auxiliary members - \$25. Include check payable to CVC/MOAA.

Key Family or Contacts in the Area or Other Locations: (Name, Relationship & Telephone No.)

Two horizontal lines for providing contact information.

If your spouse was a member of MOAA National, please provide membership number:

Horizontal line for providing membership number.

If not, may we enroll you (recommended - not required, free for 1st year) Yes \_\_\_ No \_\_\_

Please mail the completed application to: CVC MOAA
PO Box 6455
Charlottesville, VA 22906-6455

## Biographical Sketch

For use in The Bugle (CVC newsletter) and other informational purposes. Please don't include information you view as sensitive. Your biographical sketch (Please fill out to the extent appropriate.).

Early Life of Surviving Spouse Member: (Growing Up, Schools/Training or Work)

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During Military Career of Spouse: (Duty stations, Clubs, Activities or Personal Career):

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After military career/service of Spouse: (Location and Activities)

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What brought you to the Central Virginia area?

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