



Central Virginia Chapter
Military Officers Association of America

Membership Application for the Auxiliary

Auxiliary 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 - \$20. Include check payable to CVC/MOAA.

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

If your spouse was a member of MOAA National, please provide 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 Auxiliary Member: (Growing Up, Schools/Training or Work)

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

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

What brought you to the Central Virginia area?
