

**SAVANNAH AREA MILITARY
OFFICERS ASSOCIATION**

**Post Office Box 15894
Savannah, GA 31416**

MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE THE FORM,
ENCLOSE PAYMENT, AND MAIL TO:

**SAMOA MEMBERSHIP CHAIRMAN:
Post Office Box 15894
Savannah, GA 31416**

**IF ANY QUESTIONS CALL:
OR: (912) 925.1773 or e-mail: jrtoler@earthlink.net**

Enclosed is \$ 20.00 to cover one year's regular membership dues.

OR

Enclosed is \$ 10.00 to cover one year's Auxiliary membership dues.
(Surviving Spouse of Eligible Officer)

PLEASE PRINT

DATE OF APPLICATION: _____

NAME: FIRST _____ LAST: _____ MI:

RANK: _____

SPOUSE: _____

SERVICE: USA USN USMC USAF USCG USPHS NOAA

STATUS: RETIRED ACTIVE DUTY
 RESERVE NATIONAL GUARD FORMER OFFICER AUXILIARY

MOAA NATIONAL NUMBER: _____

SOCIAL SECURITY NO: _____

DATE OF BIRTH: _____

DATE FIRST COMMISSIONED: _____

DATE RETIRED: _____

(Or Date of End of Service for Former Officers)

STREET ADDRESS: _____ CITY: _____

ZIP: _____

STATE: _____

TELEPHONE: (Home): _____ (Business): _____

E-MAIL: (Home): _____ (Business): _____

OTHER INFORMATION YOU MAY WANT US TO PUT IN YOUR RECORD: