

**CCMOA MEMBERSHIP APPLICATION**

Annual - \$20.00

3 years - \$51.00

5 years - \$80.00

NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

e-mail address: \_\_\_\_\_

National MOAA Membership Number: \_\_\_\_\_

RANK: \_\_\_\_\_ SERVICE:  USA  USN  USAF  USMC  USCG  USPHS  NOAA

STATUS:  Active Duty  Reserve  Nat'l Guard  Retired  Former Officer  Widow(er)

**TAX-DEDUCTIBLE DONATION OF \$ \_\_\_\_\_ FOR CCMOA SCHOLARSHIP**

**Make checks payable to CCMOA and mail to:**

**Major Dan Walczak  
114 Sursee Court  
New Bern, NC 28562**