



Staff Use: First Year of Membership \_\_\_\_\_  
 Spreadsheets \_\_\_\_\_  
 Tax Receipt and Pins Sent \_\_\_\_\_

Personify Loaded \_\_\_\_\_  
 Cmte loaded \_\_\_\_\_  
 CEO Note Sent \_\_\_\_\_

**MOAA Heritage Society Chapter/Council Application**

*Join online, mail application to address below or call MOAA at 1-800-234-6622.*

Thank you for joining the MOAA Heritage Society! Your fully tax-deductible support through this unrestricted, 5-yr. financial contribution in support of MOAA military family programs represents an extraordinary commitment to our organization at a time of great need for uniformed service members, veterans and their families. On behalf of our Board of Directors and over 350,000 members nationwide, thank you for your truly uncommon generosity and confidence in our mission.

**Please complete all fields in the application below:**

Date of Application: \_\_\_\_\_

Chapter/Council President's Name/Rank/Title: \_\_\_\_\_

Exact spelling of chapter/council name for recognition: \_\_\_\_\_

Chapter/Council Address for Society Mail: \_\_\_\_\_

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

Chapter/Council President Best Phone: \_\_\_\_\_ Alt. Ph: \_\_\_\_\_

Chapter/Council President email Address: \_\_\_\_\_

**Desired Level of Membership**

- Platinum: \$5,000 each year for five years, or total \$25,000**
- Gold: \$2,500 each year for five years, or total \$12,500**
- Silver: \$500 each year for five years, or total \$2,500**
- Bronze: \$125 each year for five years, or total \$625**

**Chapter/Council Authorizing Signature: (required)**

\_\_\_\_\_  
 (Note: This is not a legally binding pledge but a statement of intent to contribute the full five-year amount. Members may withdraw from the Society at any time should chapter/council circumstances change.)

**PAY BY CHECK: Make check payable to: "The MOAA Foundation"**

**The MOAA Foundation**  
 Attn: MOAA Heritage Society  
 P.O. Box 1555  
 Merrifield, VA 22116-1555

- Annual payment check
- One-time payment check for full 5-yr. membership

**PAY BY CREDIT CARD:**

Card #: \_\_\_\_\_  Bill card monthly  
 Exp. Date: \_\_\_\_\_ CV Code: \_\_\_\_\_  Bill card annually  
 Name on card: \_\_\_\_\_  Bill card one-time for full 5-yr. payment