YES! Sign Me Up as a	Fort Camp	bell Chap	ter Member	
Name	-1-	Rank	Service_	
Status: [] Active [] Retired [] Former Email Address*		National Guard	Surviving Spot	ıse
*Email address is required to receive the Newsletter and personal information to third parties.	l other communication	electronically, We	value privacy and do not se	ell or rent membe
			value privacy and do not se II of your MOAA member benef	
personal information to third parties. Birthday/Spouse Name				

Mail the completed form to: The Military Officers Association of America, Fort Campbell Chapter P.O. Box 3569, Clarksville, TN 37043-3569

Military Officer's	Assocation of America	Fort Campbell Chapter	
YES! Sign Me Up	as a Fort Campbell Ch	apter Member	
Name	Rank_	Service	
Status: [] Active [] Retired [] F	ormer [] Reserve [] National Gu	uard [] Surviving Spouse	
Email Address* *Email address is required to receive the New personal information to third parties.	sletter and other communication electronically	We value privacy and do not sell or rent member	
Birthday / / Spouse I	Name		
DD MM YY	Your spouse has access to all of your MOAA member benefits:		
Address	City	State Zip	
MOAA Number	Phone	Date	

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Military Officer's Ass	ocation of America	Fort Campbell Chapter	
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Email Address* *Email address is required to receive the Newsletter personal information to third parties.	and other communication electronically	. We value privacy and do not sell or rent member	
Birthday / / Spouse Name	- 1.		
DD MM YY	Your spouse has access to all of your MOAA member benefits.		
Address	City	State Zip	
MOAA Number	Phone	Date	