



Retired Military Officers Association

Membership Application

MEMBERSHIP TYPE

Corporate (*circle one*): Retired Officer Owned Company / Veteran Owned Company / Non-Veteran Owned Company

Individual (*circle one*): Retired Officer / Veteran / Non-Veteran / Educators

A. Retired Officers/Veterans please complete:

Period of Service _____ Highest Rank _____ Date of Retirement _____

B. Non-Veterans/Educators please answer the following questions:

1. What service or information can you provide RMOA members? _____

2. Do you have access to institutions that can assist RMOA members? Whom? _____

3. Are you willing to team with RMOA companies? _____

PERSONAL/CORPORATE DATA

Name: _____ Title: _____

Company (*Corporate Members Only*): _____

Mailing Address: _____

Office #: _____ Fax #: _____ Cell #: _____

Email: _____ Website: _____

Business Type (*circle one*): Proprietorship / Partnership / Corporation / Other _____

Status (*circle all that applies*): 8(a) / 8(a) Grad / 8(a) Pending / HUBZONE / Woman-Owned / Service Disabled

Years in 8(a): _____ Years in Business: _____ Annual Revenues (Est.): _____ No. of Employees: _____

DUNS NO: _____ EIN: _____

NAICS CODES	Description
_____	_____
_____	_____
_____	_____
_____	_____

Please provide a brief description of business functions:

Briefly state what you would like RMOA to accomplish for you:

Non-Veteran Associate Members must be sponsored by a RMOA Member

Sponsored by : _____
RMOA Member - Printed Name RMOA Member - Signature