

Associates of Vietnam Veterans of America, Inc. Application for Membership



Together Always



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Make your check payable to AVVA and mail to:

AVVA, PO Box 64732, Baltimore, MD 21264-4732

State/Associated Chapter _____ At-Large

VVA Member: Yes No If no, are you eligible for VVA membership? Yes No

New Member: Renewal: Membership #, if known: _____

Name: _____ Sex: F M

Address: _____ Date of Birth: _____

City: _____ ST: _____ Zip: _____

Phone (H): _____ Phone (C): _____

E-Mail: _____

Yearly Membership Dues:

1 Year: \$20 3 Years: \$50

Life Membership Options: (check all that apply)

<input type="checkbox"/> Paid in Full <input type="checkbox"/> Payment Plan (Requires a \$50 down payment. \$25/mo until paid in full)	<input type="checkbox"/> 49 yrs and under \$250 <input type="checkbox"/> 50-55 years \$225 <input type="checkbox"/> 56-60 years \$200 <input type="checkbox"/> 61-65 years \$175 <input type="checkbox"/> 66 yrs and over \$150
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NOTE: Paying less than \$250 requires proof of age.

DO NOT SEND CASH

Payment Method

Check Money Order

Visa American Express Mastercard Discover

Card #: _____ Exp Date: _____

Signature: _____