



ASSOCIATES OF VIETNAM VETERANS OF AMERICA, INC.
APPLICATION FOR MEMBERSHIP
8719 Colesville Rd • Silver Spring • MD • 20910 www.avva.org

NEW MEMBER:

State/Chapter: _____ At-Large?

Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____

RENEWAL:

Membership #, if known: _____ State/Chapter: _____ At-Large?

Name: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

DUES

Annual Membership \$20 Life Membership Full payment \$100
 Life Member Time Payment Option: \$25 down / \$25 monthly until paid in full

VVA Dual Membership:

Life Membership: \$50

PAYMENT METHOD

DO NOT SEND CASH

Check Visa Master Card Discover American Express

Credit Card #: _____ Expiration Date: _____

Card holder's signature: _____

Make your check payable to **AVVA**

Remit this application and payment to:

AVVA | PO Box 49029 | Baltimore, MD 21297-4929