



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