



Associates of Vietnam Veterans of America, Inc

Membership Application

Applicant Information

Full Name: _____ Date of Birth: _____
MM/DD/YYYY

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

Email Address: _____ Gender: _____

State/Chapter: _____ At-Large?: _____

Are you a Veteran? YES NO Are you a Vietnam Era Veteran? YES NO

Membership Type: New Renew Member Number (if known): _____

Yearly Membership Dues (Choose 1-year member or 3-year member)
 1-year: \$20 3-year: \$50 (saves \$10)

Life Membership Options (Note: paying less than \$175 requires proof of age)
 Paid in full Payment plan (requires \$50 down and \$25 per month until paid in full)

Life Membership Dues: Age 59 and under \$175 | Age 60 and above \$100

Payment Method: CHECK MONEY ORDER CREDIT CARD

Make checks payable to: AVVA

Credit Card Number: _____ Exp. Date: _____

Signature: _____