



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:
 1-year: \$20

Life Membership Dues:
 \$100

VVA Member becoming a Dual Lifetime Member:
 \$50

VVA Member Number (if known): _____

Payment Method: Check

Return the required documents and payment to:

Vietnam Veterans Of America Buckeye State Council
35E Chestnut St. Ste. 501 Columbus, OH 43215