

Associates of Vietnam Veterans of America

MEMBERSHIP APPLICATION

NAME:	
ADDRESS:	
CITY: STA	ATE: ZIP:
PHONE: E-MAIL:	
DATE OF BIRTH: MALEFI	EMALE
VIETNAM VETERANS OF AMERICA CHAPTER AFFILIATION:	
DUES (check one):	
□One year (\$20)	
□Three Years (\$50)	
□Life Membership, age 49 and under (\$250)	
□Life Membership, age 50 to 55 (\$225)	
□Life Membership, age 56 to 60 (\$200)	
□Life Membership, age 61 to 65 (\$175)	
□Life Membership, age 66 and over (\$150)	
□ Life Membership, time payment (\$55 down and \$25 per month) (For the time payment plan, please be sure to include your da	
PAYMENT METHOD:	
□Check □Money Order	
Credit Card:	
□VISA □MasterCard □Discover □American Express	
Credit Card Number:	Expiration:
SIGNATURE:	

AVVA P.O. Box 5391 Sonora, CA 95370-5391

Send application, with dues payment to (make checks payable to AVVA, please do not send cash):