



## ASSOCIATES OF VIETNAM VETERANS OF AMERICA, INC.

### MEMBERSHIP CHANGE OF INFORMATION FORM

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**SUBMITT THIS FORM TO:** You can fill it out, save it on your device, and attach it to an email directed to the Membership Dept: [membership@vva.org](mailto:membership@vva.org) or you can mail it via regular mail to: AVVA Membership Dept. | 8719 Colesville Road, STE 100 | Silver Spring, Md 20910

-----PLEASE TYPE OR PRINT LEGIBLY-----

CHAPTER NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ DATE SENT \_\_\_\_\_

**CURRENT INFORMATION:**

NAME \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**NEW INFORMATION: (FILL IN ONLY WHAT IS CHANGED OR DIFFERENT FROM ABOVE)**

NAME \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**FILLED OUT BY: (IF DIFFERENT FROM THE PERSON NAMED ABOVE)**

NAME \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

\_\_\_\_\_