

Associates of Vietnam Veterans of America, Inc.

Membership Transfer Form

Submit to: AVVA Membership Dept. | 8719 Colesville Rd., Suite 100 | Silver Spring, MD 20910 or attach and Email to: membership@vva.org addressed to AVVA Membership Dept.

MEMBER INFORMATION:		
Name:	Member ID#	
Address:		
City:	State:	Zip:
Phone:	Email:	
FORMER CHAPTER INFORM	ATION: (transferring f	rom:)
Chapter number:	or At-Large in State of:	
Chapter Mailing Address:		
City:	State:	Zip:
TRANSFER TO INFORMATION	<u>ON:</u>	
Chapter Number:	or At-Large in State of:	
Chapter Address:		
City:	State:	Zip:
REQUIRED SIGNATURES:		
Transferring Member:		Date:
*New Chapter or State Rep/Pres		Date:
* (If there is no chapter or state re	ep/pres. the regional directo	or may sign).

MEMBER TRANSFER PROCESS:

- 1. Member transfer must be initiated by the member, him/her self.
- 2. Both the member and the 'transferring-to' chapter official must sign the form.
- 3. The chapter rep/pres from the transferring-to chapter will forward a copy of the transfer form to the transferring-from chapter, the state rep/pres, and to the National Membership Department.
- 4. The National database will be updated and a replacement membership card sent to the member.
- 5. All sections must be completed in full in order to be accepted.

Revised: 10/16 F-Mem07.03