



# Associates of Vietnam Veterans of America Membership Renewal

Together Always

## Membership Types:

AIND1= Associate 1yr

AIND3= Associate 3yr

AIVA= Incarcerated Member

ALP= Associate Life Paid

ALT=Associate Life Payment Plan

AVVA/VVA Chapter: \_\_\_\_\_ Date: \_\_\_\_\_

	Member #	Last Name	First Name	MI	Member Type
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____

Amount Submitted:	Submitted by: _____
Checks/MO: \$ _____	Title: _____
Credit Card: \$ _____	Phone #: _____
Total: \$ _____	Email: _____
Mail to: AVVA Membership • PO Box 64732 • Baltimore • MD • 21264-4732	