



Together Always

Associates of Vietnam Veterans of America

New Member Transmittal Sheet

Mail to: AVVA, 8719 Colesville Rd, Suite 100, Silver Spring, MD. 20910

AVVA/VVA Chapter: _____ Date: _____

Member Type: (check one) ASC OTH IVA

Member Status: (check one) 1-Year 3-year Life Life Payment Plan IVA

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

E-Mail: _____

Phone (H): _____ (C): _____

Payment method (circle one): Check Money Order Visa* America Express*

*Original signature on membership application authorizing payment required for credit card payment

Member Type: (check one) ASC OTH IVA

Member Status: (check one) 1-Year 3-year Life Life Payment Plan IVA

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Address: _____

City: _____ ST: _____ Zip: _____

E-Mail: _____

Phone (H): _____ (C): _____

Payment method (check one): Check Money Order Visa* Mastercard*

*Original signature on membership application authorizing payment required for credit card payment

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