



# Deceased Member Notification

**Mail this form to:** AVVA, Membership Department  
8719 Colesville Road, Suite 100  
Silver Spring, MD 20910

**Or Fax to:** 301-585-0519 with cover sheet addressed to AVVA Membership

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**<<<Notification is to be completed and filed by Chapter Official>>>**

Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_ ID # \_\_\_\_\_

Chapter Official: \_\_\_\_\_ Title: \_\_\_\_\_

Chapter/Affiliation: \_\_\_\_\_

Chapter Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Obituary attached

Obituary unavailable

Please remove the above named member from the membership roster and advise all elected, appropriate officials, and departments as deemed proper.

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