



Associates of Vietnam Veterans of America, Inc.

Transmittal Cover Sheet

Mail to: Monument Bank / AVVA Lock Box / 8602 Colesville Rd. / Silver Spring, MD 20910

VVA/AVVA Chapter: _____

Date: _____

NEW

1-year Associate (AIND1)	_____	(X \$20)	_____
3-year Associate (AIND3)	_____	(X \$50)	_____
1-year Dual (AIND1)	_____	(X \$20)	_____
3-year Dual (AIND3)	_____	(X \$50)	_____
Incarcerated Member (AIVA)	_____	(X \$6)	_____

RENEWAL

1-year Associate (AIND1)	_____	(X \$20)	_____
3-year Associate (AIND3)	_____	(X \$50)	_____
1-year Dual (AIND1)	_____	(X \$20)	_____
3-year Dual (AIND3)	_____	(X \$50)	_____
Incarcerated Member (AIVA)	_____	(X \$6)	_____

LIFE

Paid-in-full	_____		_____
Payment plan (initial payment)	_____	(X \$50)	_____
Monthly payment	_____	(X \$25)	_____
APHV - # of New Applicants	_____	(X \$ 0)	_____

TOTAL MEMBERS SUBMITTED: _____

Check No. _____ Total Checks & M.O.s \$ _____

Total Credit Card Payment \$ _____

Total Payment (Checks, M.O.s, & Credit Cards) \$ _____

Cover Sheet Check-off: All Checks made payable to AVVA Credit card authorizations(s) included

Renewal form and attached Reviewed for legibility and accuracy

Proof of age for Associates over 50 applying for Life membership payment discount

Membership Contact: _____

Address: _____

Phone (H): _____ (C): _____

E-Mail: _____