



Associates of Vietnam Veterans of America, Inc.

Transmittal Cover Sheet

Together Always

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	<input type="checkbox"/>	Credit card authorizations(s) included	<input type="checkbox"/>
Renewal form and attached	<input type="checkbox"/>	Reviewed for legibility and accuracy	<input type="checkbox"/>
Proof of age for Associates over 50 applying for Life membership payment discount	<input type="checkbox"/>		

Membership Contact: _____

Address: _____

Phone (H): _____ (C): _____

E-Mail: _____