



Associates of Vietnam Veterans of America New Member Transmittal Sheet



Mail to: Momument Bank / AVVA Lockbox / 8602 Colesville Rd / Silver Spring, MD 20910

AVVA/VVA Chapter: _____ Date: _____

AIND1 (individual 1yr) AIND3 (individual 3yrs) ALP (paid in full) ALT (life payment plan)
DUAL (VVA member) AIVA (Incarcerated)

Member Type: (circle all that apply) AIND1 AIND3 ALP ALT DUAL AIVA

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

E-Mail: _____

Phone: _____ Date of Birth: _____

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

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

Member Type: (circle all that apply) AIND1 AIND3 ALP ALT DUAL AIVA

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

E-Mail: _____

Phone: _____ Date of Birth: _____

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

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