



Associates of Vietnam Veterans of America Membership Renewal

Together Always

Membership Types:

AIND1= Associate 1yr

AIND3= Associate 3yr

AIVI= Incarcerated Member

AVVA/VVA Chapter: _____ Date: _____

Member #	Last Name	First Name	MI	Member Type
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

NOTE: If there are any members who have address, name, phone number or email address changes, please use an individual member application for their renewal. These things are necessary information.

Amount Submitted:	Submitted by: _____
Checks/MO: \$ _____	Title: _____
Credit Card: \$ _____	Phone #: _____
Total: \$ _____	Email: _____
Mail to: AVVA PO Box 49029 Baltimore, MD 21297-4929	