



Associates of Vietnam Veterans of America, Inc.

Deceased Member Notification

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

Member Number _____

Name _____

Date of Death _____

Name of Spouse if living _____

If available, please attach a copy of the obituary from the local newspaper. Remove his/her name from the roster and advise all officials and departments as appropriate.

Chapter Number _____ in the State of _____

Chapter Official: _____

Chapter Address: _____

City/State/Zip: _____

Signature of Chapter Official
(or person reporting the death)

Title

Date