

## 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 obitual	ry from the local newspap	oer.
Chapter Numberin th	e State of	
Chapter Official:		
Chapter Address:		
City/State/Zip:		
Signature of Chapter Official (Or person reporting the death)	Title	Date
tur person reporting the death)		

Revised: 01/13/22 F-Mem07.05