



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 | _____ | _____ | _____ | _____ | _____ |

| | |
|--|---------------------|
| Amount Submitted: | Submitted by: _____ |
| Checks/MO: \$ _____ | Title: _____ |
| Credit Card: \$ _____ | Phone #: _____ |
| Total: \$ _____ | Email: _____ |
| Mail to: Sandy Spring Bank / AVVA Lockbox / 8401 Colesville Rd / Silver Spring, MD 20910 | |