

Associates of Vietnam Veterans of America, Inc.

Application for Membership



Check Here if you are a Veteran Are you a Vietnam Era Veteran

Name : _____ Date of Birth : _____

Mailing Address : _____

City : _____ State : _____ Zip Code : _____

Home Phone : _____ Cell Phone : _____

Email Address : _____ Gender : Male : Female:

Chapter : Florida / Chapter 1097 Sponsor : _____

New Member: Renewal: Membership # if Known: _____

Type of Membership Applying For:

Individual Member 1 year \$20.00

Duel Membership \$50.00

Individual Member Lifetime, Regardless of age. \$100.00

Payment Method: Check Money Order Credit Card (Visa, Master Card, American Express, Discover)

Credit Card Number : _____ Exp. Date: _____

Signature: _____

Make Checks Payable to AVVA, and mail with application to:

Associates of Vietnam Veterans of America
Chapter 1097
P.O. Box 7006
Sebring, Fla. 33872

