



AVVA Transmittal Cover Sheet

Submit to:

Associates of Vietnam Veterans of America

PO Box 64732

Baltimore, MD 21264-4732

VVA Chapter Affiliation: _____

Date: _____

<u>MEMBER TYPE</u>	<u>SUBMITTED</u>	<u>National/ Chapter Dues</u>	<u>TOTAL</u>
<u>NEW</u>			
1-Year Associate (ASC)	_____	(x \$20 =)	_____
3-Year Associate (ASC)	_____	(x \$50 =)	_____
1-Year Other Associate (OTH)	_____	(x \$20 =)	_____
3-Year Other Associate (OTH)	_____	(x \$50 =)	_____
Non-era incarcerated Vet (IVA)	_____	(x \$20 =)	_____
<u>RENEWAL</u>			
1-Year Associate (ASC)	_____	(x \$20 =)	_____
3-Year Associate (ASC)	_____	(x \$50 =)	_____
1-Year Other Associate (OTH)	_____	(x \$20 =)	_____
3-Year Other Associate (OTH)	_____	(x \$50 =)	_____
Non-era Incarcerated Vet (IVA)	_____	(x \$20 =)	_____
<u>LIFE MEMBERS</u>			
Paid-UP	_____	(x \$250 =)	_____
Payment Plan (initial payment)	_____	(x \$50 =)	_____
Monthly Payment	_____	(x \$25 =)	_____

TOTAL MEMBERS SUBMITTED

Check No: _____

Total Checks & Money Orders

\$ _____

Total Credit Card Payments

\$ _____

TRANSFERS

ASC Members: _____

Life Members: _____

Total Transfers: _____

COVER SHEET CHECK OFF: * Make all checks payable to AVVA * Renewal reply forms attached and all printed information reviewed for correctness and legibility *Credit card payment authorized *Double-check dues payment submitted *Other Associates category are those AVVA members who are eligible for membership in VVA *Proof of age for associates over 50 applying for life payment discount.

Membership Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (w) _____

E-mail: _____



Associates of Vietnam Veterans of America Membership Information Sheet

AVA has two membership categories: 1) Associate (ASC) and 2) Other Associate (OTH). An Associate is an AVVA member who is a Vietnam or Vietnam-era veteran, who is eligible for membership in VVA.

Membership dues are as follows:

1-year	\$20
3-year	\$50
Life*	\$250
Incarcerated	\$20
Non-VN Vet	

***Life member dues are paid directly to AVVA National.** Proof of age must be provided for everyone requesting the membership dues discount based on age:

<u>Current Age</u>	<u>Amount</u>
49 and under	\$250
50 – 55	\$225
56 – 60	\$200
61 – 65	\$175
66 and over	\$150

Life member dues may be made on a time payment program with an initial deposit of \$50. The balance is due in installments of \$25 each month. Payment coupons are issued to members who pay by check or money order. Members who pay using a credit card (Visa or MasterCard) will have payments automatically deducted from their card each month until the balance is paid.

AVVA RENEWAL MEMBER TRANSMITTAL SHEET

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Date: _____

Member Types:

ASC = Associate

IVA = Incarcerated Veteran

ALT = Associate Life, Time Payment Plan

OLT = Other Associate Life, Time Payment Plan

OTH = Associate Member eligible for VVA membership

ALP = Associate Life Paid

OLP = Other Associate Life Paid

Member Number	Last Name	First Name	Mi	Member Type	Term
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____



AVVA RENEWAL MEMBER TRANSMITTAL SHEET

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Member Number	Last Name	First Name	Mi	Member	Term Type
21.	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____
26.	_____	_____	_____	_____	_____
27.	_____	_____	_____	_____	_____
28.	_____	_____	_____	_____	_____
29.	_____	_____	_____	_____	_____
30.	_____	_____	_____	_____	_____

Submitted by: _____

Chapter Number: _____ Check Number: _____ Amount: \$ _____

Membership Contact: _____

Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

