

Associates of Vietnam Veterans of America
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Membership Application

Send application, with dues payment, to:

AVVA
P. O. Box 64732
Baltimore, MD 21264-4732

Make checks payable to AVVA.
Please do not send cash.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Date of Birth: _____ Male / Female: (Circle One)

Dues: (Check One)

- One Year: \$20
 Three Years: \$50
 Life Membership, age 49 and under: \$250
 Life Membership, ages 50 to 55: \$225
 Life Membership, ages 56 to 60: \$200
 Life Membership, ages 61 to 65: \$175
 Life Membership, age 66 + : \$150
 Life Membership, time payment plan: \$50 down, then \$25 per month
 (For the time payment plan, please be sure to include your date of birth.)

Payment Method:

Check Money Order

Credit Card:

VISA Master Card Discover American Express

Credit Card Number: _____ Expiration Date: _____

Signature: _____