



Associates of Vietnam Veterans of America, Inc.

Application for Membership

Together Always

A RED ASTERISK (*) INDICATES A REQUIRED FIELD

State/Chapter: Indiana/Chapter 295 At-Large? Yes: No:

* Check here if you are a Veteran: * Are you a Vietnam Era Veteran? Yes No

New Member: Yes No Renewal: Yes No Membership #, if known: _____

* Name: _____ * Sex: M F

* Address: _____ * Date of Birth: _____

* City: _____ * State: _____ * Zip: _____

Phone (Home): _____ Phone (Cell): _____

* Email: (If no email address, please indicate "N/A" - please print clearly) _____

Annual or 3-Year Membership Dues: (Choose 1-year member or 3-year member)

1 year: \$20.00 3 Year: \$50.00 (saves \$10)

Life Membership Options: (Check all that apply)

Paid in Full Payment Plan: (requires \$50 down, and \$25 per month until paid in full.)

Life Member Dues Schedule:

Age 59 years and under \$175
 Age 60 and above \$100
 VVA member Applying for Dual Membership \$50

DO NOT SEND CASH

Payment Method

Check Money Order Visa American Express Master Card Discover

Card #: _____ Expiration Date: _____

Cardholder Signature: _____

MAKE CHECKS PAYABLE TO AVVA, AND MAIL WITH APPLICATION TO:

AVVA, 9450 E. 59th St., Indianapolis, IN 46216