



# 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>
<b><u>NEW</u></b>			
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 =)	_____
<b><u>RENEWAL</u></b>			
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 =)	_____
<b><u>LIFE MEMBERS</u></b>			
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: \_\_\_\_\_

