



## VVA Member EZ Renewal Form

Submit to: VVA, PO Box 64299, Baltimore, MD 21264-4299

VVA Membership Number \_\_\_\_\_

Date \_\_\_\_\_

*(For VVA members who failed to receive or lost their membership renewal)*

Name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number (h) \_\_\_\_\_ (w) \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Type of Membership Renewal

1-Year Individual IND \$20 \_\_\_\_\_

3-Year Individual IND \$50 \_\_\_\_\_

*(If applying for new life membership or new life membership payment plan, you **MUST** submit a copy of your DD-214 along with this renewal form)*

Life Members LMP \$225 (age 50 – 55) \_\_\_\_\_; \$200 (age 56 – 60) \_\_\_\_\_;  
\$175 (age 61 – 65) \_\_\_\_\_; and \$150 (age 66 and up) \_\_\_\_\_

Life Members Payment Plan LMT \$50 \_\_\_\_\_

Life Member Monthly Payment LMT \$25 \_\_\_\_\_

### Payment Method (Do not send cash)

Total Amount Paid \_\_\_\_\_

Check \_\_\_\_\_ or Money Order \_\_\_\_\_ (Make checks or money orders payable to "VVA")

Credit Card \_\_\_\_\_ (VISA, MasterCard, American Express or Discover)

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_