

# 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>NATL/CHPT 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 (ASC)	_____	(x \$ 50 =)	_____
Non-era incarcerated vet (IVA)	_____	(x \$ 20 =)	_____
<b><u>LIFE MEMBERS</u></b>			
Paid-up	_____	(x \$250=)	_____
Payment plan (initial pymt)	_____	(x \$ 50 =)	_____
Monthly payment	_____	(x \$ 25 =)	_____

**TOTAL MEMBERS SUBMITTED**

Check No. \_\_\_\_\_ Total Checks & M.O.s \$ \_\_\_\_\_  
 Total Credit Card Payments \$ \_\_\_\_\_  
 Total Payment (Checks, M.O.s & Credit Cards) \$ \_\_\_\_\_

**TRANSFERS**

ASC members: \_\_\_\_\_ Life members: \_\_\_\_\_ Total transfers: \_\_\_\_\_

**COVER SHEET CHECK OFF:** 9 Make all checks payable to AVVA 9 Renewal reply forms attached and all printed information reviewed for correctness and legibility 9 Credit card payment authorizations 9 Double-check dues payment submitted 9 Other Associates category are those AVVA members who are eligible for membership in VVA 9 Proof of age for associates over 50 applying for life payment discount

Membership Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: [h] (\_\_\_\_\_) \_\_\_\_\_ [w] (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Associates of Vietnam Veterans of America  
Membership Information Sheet

AVVA has two membership categories 1) Associate (ASC) and 2) Other Associate (OTH). An Other 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 B 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 NEW MEMBER TRANSMITTAL SHEET

Use this form to submit new members paying by check or money order. Submit original application for members paying dues with Visa or Master Card. **Type or print legibly.** Proof of age must accompany all life applications if payment is less than \$250.00.

VVA Chapter #: \_\_\_\_\_ Date: \_\_\_\_\_

New Member Type (circle one):      ASC    OTH    IVA

Member Status (circle one): 1-yr. / 3-yr. / Life / Life Payment Plan / IVA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_    \_ Male    \_ Female

Phone: [h] ( \_\_\_\_\_ ) \_\_\_\_\_ [w] ( \_\_\_\_\_ ) \_\_\_\_\_

Payment method (circle one):      Check      Money Order      Visa\*      MasterCard\*

\*Original signature on membership application authorizing payment required for credit card payment.

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New Member Type (circle one):      ASC    OTH    IVA

Member Status (circle one): 1-yr. / 3-yr. / Life / Life Payment Plan / IVA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_    \_ Male    \_ Female

Phone: [h] ( \_\_\_\_\_ ) \_\_\_\_\_ [w] ( \_\_\_\_\_ ) \_\_\_\_\_

Payment method (circle one):      Check      Money Order      Visa\*      MasterCard\*

\*Original signature on membership application authorizing payment required for credit card payment.

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New Member Type (circle one):      ASC    OTH    IVA

Member Status (circle one): 1-yr. / 3-yr. / Life / Life Payment Plan / IVA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_    \_ Male    \_ Female

Phone: [h] ( \_\_\_\_\_ ) \_\_\_\_\_ [w] ( \_\_\_\_\_ ) \_\_\_\_\_

Payment method (circle one):      Check      Money Order      Visa\*      MasterCard\*

\*Original signature on membership application authorizing payment required for credit card payment.

# AVVA New Member Transmittal Sheet ... continued

Page \_\_\_\_\_ of \_\_\_\_\_

VVA Chapter #: \_\_\_\_\_

Date: \_\_\_\_\_

New Member Type (circle one):      ASC    OTH    IVA

Member Status (circle one): 1-yr. / 3-yr. / Life / Life Payment Plan / IVA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_    Male    Female

Phone: [h] ( \_\_\_\_\_ ) \_\_\_\_\_ [w] ( \_\_\_\_\_ ) \_\_\_\_\_

Payment method (circle one):      Check      Money Order      Visa\*      MasterCard\*

\*Original signature on membership application authorizing payment required for credit card payment.

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New Member Type (circle one):      ASC    OTH    IVA

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_    Male    Female

Phone: [h] ( \_\_\_\_\_ ) \_\_\_\_\_ [w] ( \_\_\_\_\_ ) \_\_\_\_\_

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New Member Type (circle one):      ASC    OTH    IVA

Member Status (circle one): 1-yr. / 3-yr. / Life / Life Payment Plan / IVA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_    Male    Female

Phone: [h] ( \_\_\_\_\_ ) \_\_\_\_\_ [w] ( \_\_\_\_\_ ) \_\_\_\_\_

Payment method (circle one):      Check      Money Order      Visa\*      MasterCard\*

\*Original signature on membership application authorizing payment required for credit card payment.

# AVVA RENEWAL MEMBER TRANSMITTAL SHEET

Date: \_\_\_\_\_

Member Types

ASC = Associate     OTH = Associate member eligible for VVA membership     IVA = Vet incarcerated     ALP = Assoc. Life Paid  
 ALT = Assoc. Life, Time Payment Plan     OLP = Other Associate Life Paid     OLT = Other Associate Life, Time Payment Plan

Member #	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 \_\_\_\_\_

Submitted by: Chapter #: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Membership contact: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# AVVA Renewal Member Transmittal Sheet ... continued

Page \_\_\_\_\_ of \_\_\_\_\_ VVA Chapter #: \_\_\_\_\_ Date: \_\_\_\_\_

Member Types

ASC = Associate     OTH = Associate member eligible for VVA membership     IVA = Vet incarcerated     ALP = Assoc. Life Paid

ALT = Assoc. Life, Time Payment Plan     OLP = Other Associate Life Paid     OLT = Other Associate Life, Time Payment Plan

Member #	Last Name	First Name	MI	Member Type	Term
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20	_____	_____	_____	_____	_____	_____
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21	_____	_____	_____	_____	_____	_____
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22	_____	_____	_____	_____	_____	_____
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23	_____	_____	_____	_____	_____	_____
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24	_____	_____	_____	_____	_____	_____
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25	_____	_____	_____	_____	_____	_____
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26	_____	_____	_____	_____	_____	_____
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27	_____	_____	_____	_____	_____	_____
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28	_____	_____	_____	_____	_____	_____
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29	_____	_____	_____	_____	_____	_____
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30	_____	_____	_____	_____	_____	_____
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31 \_\_\_\_\_

32 \_\_\_\_\_

33 \_\_\_\_\_

34 \_\_\_\_\_

35 \_\_\_\_\_

36 \_\_\_\_\_

37 \_\_\_\_\_

38 \_\_\_\_\_

39 \_\_\_\_\_

40 \_\_\_\_\_