



Date \_\_\_\_\_

## VIETNAM VETERANS OF AMERICA

### Membership Application for DoD-Designated MIA Veteran for Honorary Life Membership

MIA Veteran Name: \_\_\_\_\_

Date Of Designation: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

State/City of Residence Upon DoD-Designation: \_\_\_\_\_

Sponsorship State Council : \_\_\_\_\_

Sponsorship Chapter: \_\_\_\_\_

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

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

Phone No: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Sponsor)

\_\_\_\_\_  
(Official Title)

Return this application to:

**VIETNAM VETERANS OF AMERICA**  
**Attn: Membership**  
**8719 Colesville Road, Suite 100**  
**Silver Spring, MD 20910**