

AVVA Transmittal Cover Sheet

SUBMIT TO: Associates of Vietnam Veterans of America, PO Box 64732, Baltimore, MD 21264-4732

VVA Chapter Affiliation: _____ Date: _____

MEMBER TYPE	SUBMITTED	NATL/CHPT DUES	TOTAL
<u>NEW</u>			
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 \$ 7 =)	_____
<u>RENEWAL</u>			
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 \$ 7 =)	_____
<u>LIFE MEMBERS</u>			
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	\$ 7
	Non-VN Vet	

* **Life member dues are paid directly to VVA 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.

=====

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.

=====

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.

=====

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.

=====

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
20 _____	_____	_____	_____	_____	_____
21 _____	_____	_____	_____	_____	_____
22 _____	_____	_____	_____	_____	_____
23 _____	_____	_____	_____	_____	_____
24 _____	_____	_____	_____	_____	_____
25 _____	_____	_____	_____	_____	_____
26 _____	_____	_____	_____	_____	_____
27 _____	_____	_____	_____	_____	_____
28 _____	_____	_____	_____	_____	_____
29 _____	_____	_____	_____	_____	_____
30 _____	_____	_____	_____	_____	_____
31 _____	_____	_____	_____	_____	_____
32 _____	_____	_____	_____	_____	_____
33 _____	_____	_____	_____	_____	_____
34 _____	_____	_____	_____	_____	_____
35 _____	_____	_____	_____	_____	_____
36 _____	_____	_____	_____	_____	_____
37 _____	_____	_____	_____	_____	_____
38 _____	_____	_____	_____	_____	_____
39 _____	_____	_____	_____	_____	_____
40 _____	_____	_____	_____	_____	_____