



Associates of Vietnam Veterans of America, Inc.

Application for Membership

Chapter: 535

I am already a VVA member.

New Member Renewal Membership # if known: _____

Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Gender: _____

Type of Membership:

Yearly Membership Dues:

- Individual Member 1 yr. \$20
 Individual Member 3 yrs. \$50

Life Membership Dues:

- Age 49 & under: \$250
 Age 50-55 yrs: \$200
 Age 56-60 yrs: \$200
 Age 61-65 yrs: \$175
 Age 66+ yrs: \$150

Life Membership Notes: Paying less than \$250 requires proof of age.

Optional Life Member Time Payment Plan: \$50 down, \$25 month until paid in full.

Payment Method: Check Money Order Credit Card **DO NOT SEND CASH**
(Visa, MasterCard, American Express, Discover)

Credit Card Number: _____ Exp. Date: _____

Signature: _____

Return your completed application and payment to:

Associates of Vietnam Veterans of America, Inc.

Chapter 535

P.O. Box 37

Grass Valley, CA 95945