

Associates of Vietnam Veterans of America, Inc. Application for Membership



NY - VVA CHAPTER 421		
State/Chapter:	At-L	.arge?
Check here if you are a veteran: Are you a Vietnam Era Veteran?		
New Member: Renewal: Membership #, if known:		
Name:		Sex: M F
Address:	and the same of th	Date of Birth:
City: S	state:	Zip:
Phone (Home):	Phone (Cell):	
Email: (please print clearly)		
Life Membership Options: (Check all that apply) NOTE: Paying less than \$175.00 requires proof of age Paid in Full		
Life Member Dues Schedule:		
Age 59 years and under \$175		
Age 60 and above \$100		
VVA Applying for Dual Membership \$50		
DO NOT SEND CASH		
Payment Method		
Check Money Order Visa	American Express Ma	aster Card Discover
Card #:	Expiration Dat	te:
Cardholder Signature:		

MAKE CHECKS PAYABLE TO AVVA, AND MAIL WITH APPLICATION TO:

Vietnam Veterans of America Tomas J. Tori Chapter 421 P.O. Box 100097 Staten Island, NY 10310