## **Associates of Vietnam Veterans of America**

## **Membership Application**

Make checks payable to AVVA. Please do not send cash.

Name:		
Address:		
City:	State:	Zip:
Phone:	E-mail:	
Date of Birth:	Male / Female: (Ci	ircle One)
Dues: (Check One)		
<b>=</b> '	es 50 to 55: \$225 es 56 to 60: \$200 es 61 to 65: \$175	-
Payment Method:		
Check Money C	)rder	
	ard Discover Ame Expira	tion Date: