

## ASSOCIATES OF VIETNAM VETERANS OF AMERICA

## Application for Complimentary Life Membership For permanently hospitalized Veterans

NAME:						
DATE OF BIRTH:	M	ALE:	FEMALE	Ξ:		
NAME OF HEALTH CARE FACILITY:						
ADDRESS:						
CITY:	STATE: _		ZI	IP:		
PHONE #:	-					
SPONSOR (OPTIONAL):						
DO YOU WISH TO RECEIVE A COPY OF '	"THE VETE	RAN" MAGAZ	ZINE BY N	//AIL? Y	es:	No:
<b>ELIGIBILITY:</b> Permanently hospitalized ve served on active duty in any duty station Associates of Vietnam Veterans of America service.	n (other tha	an for training	g only), a	are eligib	ole to jo	oin the
(Signature of applicant or care-giver for applicant	oplicant)	_				
RETURN THIS APPLICATION ALONG WITH A	COPY OF Y	OUR DD-214	TO:			

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

(800) 882-1316 (301) 585-4000 <u>www.avva.org</u>

Adopted: 11/14 F-MEM07.14