



Together Always

DATE: _____

ASSOCIATES OF VIETNAM VETERANS OF AMERICA

Application for Complimentary Life Membership
For permanently hospitalized Veterans

NAME: _____

DATE OF BIRTH: _____ MALE: _____ FEMALE: _____

NAME OF HEALTH CARE FACILITY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

SPONSOR (OPTIONAL): _____

DO YOU WISH TO RECEIVE A COPY OF "THE VETERAN" MAGAZINE BY MAIL? Yes: _____ No: _____

ELIGIBILITY: Permanently hospitalized veterans of ***any era other than*** the Vietnam War, who served on active duty in any duty station (other than for training only), are eligible to join the Associates of Vietnam Veterans of America at no cost. A copy of your DD-214 is required to verify service.

(Signature of applicant or care-giver for applicant)

RETURN THIS APPLICATION ALONG WITH A COPY OF YOUR 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 www.avva.org