



ASSOCIATED OF VIETNAM VETERANS OF AMERICA, INC.

MEMBERSHIP CHANGE OF INFORMATION FORM

SUBMITT THIS FORM TO: You can fill it out, save it on your device, and attach it to an email directed to the Membership Dept: membership@vva.org or you can mail it via regular mail to: AVVA Membership Dept. | 8719 Colesville Road, STE 100 | Silver Spring, Md 20910

-----PLEASE TYPE OR PRINT LEGIBLY-----

CHAPTER NUMBER _____ STATE _____ DATE SENT _____

CURRENT INFORMATION:

NAME _____ MEMBER NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

NEW INFORMATION: (FILL IN ONLY WHAT IS CHANGED OR DIFFERENT FROM ABOVE)

NAME _____ MEMBER NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

FILLED OUT BY: (IF DIFFERENT FROM THE PERSON NAMED ABOVE)

NAME _____ MEMBER NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

OTHER COMMENTS: _____
