



ASSOCIATES OF VIETNAM VETERANS OF AMERICA, INC.

MEMBER CHANGE OF INFORMATION FORM

SUBMIT TO: AVVA Membership Dept / 8719 Colesville Road, Suite 100 / Silver Spring, MD 20910
Or Fax to: 301-585-0519 with Coversheet addressed to AVVA Membership Dept.

<<Please type or print legibly>>

Chapter Affiliation: _____ **Date Submitted:** _____

Old Information

Name: _____ ID #: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone (h): _____ (c) _____

Comments/E-Mail: _____

New Information:

Name: _____ ID#: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone (h): _____ (c): _____

Comments/E-Mail: _____

Submitted by: *(if other than self)*

Name: _____ Title: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone # (h): _____ (c) _____

E-Mail: _____