ASSOCIATES OF VIETNAM VETERANS OF AMERICA



APPLICATION FOR INCARCERATED MEMBER

Inmate Name:	D.O.B
Mailing Address:	
Inmate #:	Incarcerated Chapter #:
Sponsor Name:	Phone:
Mailing Address:	
•	Associate Incarcerated Member Individual (AIMI) is welcome. Veteran status is NOT bership must be renewed annually to maintain active status.
ncarcerated VVA members	may join AVVA as a Dual Member.
Dues payment is set to the and \$0.	llowable amount by the institution's policy with a maximum payment of \$7 and a minimum
	from the facility, membership will terminate at the end of the one-year term. The member ember" of AVVA by submitting an application with the appropriate dues payment.
	DO NOT SEND CASH
Check	MO Visa Master Card Discover
Card #:	Expiration Date:
Name on card:	Signature:
Make	your check or money order (if applicable) payable to: AVVA
Send applic	ation and payment to: PO Box 49029 • Baltimore • MD • 1297-4929

Revised: October 2024 F-Mem07.04