



Associates of Vietnam Veterans of America, Inc.

Change of Information

Submit to: **AVVA Membership** PO Box 64732, Baltimore, MD, 21264-4732 or fax to 301-585-0519

Old Information <<Please type or print legibly>> Chapter Affiliation: _____

Name: _____ ID #: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone (h): _____ (c) _____

Comments/E-Mail: _____

New Information: <<<print only the new, corrected, or changed information>>>

Name: _____ ID#: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone (h): _____ (c): _____

Comments/E-Mail: _____

Old Information <<Please type or print legibly>> Chapter Affiliation: _____

Name: _____ ID #: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone (h): _____ (c) _____

Comments/E-Mail: _____

New Information: <<<print only the new, corrected, or changed information>>>

Name: _____ ID#: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone (h): _____ (c): _____

Comments/E-Mail: _____

Submitted by: _____ Date: _____

Name: _____ Title: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone # (h): _____ (c) _____

E-Mail: _____