



VVA Chapter Transmittal Cover Sheet

Submit to:

VVA

PO Box 64299

Baltimore, MD 21264-4299

Chapter Number: _____ Date: _____

| | Number Submitted | Option A Pay full dues To National: State & Chapter dues rebated | Option B Pay National & State dues to National; State dues rebated | Option C Submit separate dues payments to national & state | |
|----------------------------|------------------|---|--|--|---------------|
| | | | | National | State |
| <u>New Members</u> | | | | | |
| 1-Year Individual | IND _____ | x \$20 = _____ | x \$11 = _____ | X \$ 9 = _____ | x \$2 = _____ |
| 3-Year Individual | IND _____ | x \$50 = _____ | x \$28 = _____ | X \$ 22 = _____ | x \$6 = _____ |
| Incarcerated | IVI _____ | Note 3 _____ | | | |
| Perm. Hospitalized | PHV _____ | | | | |
| <u>RENEWALS</u> | | | | | |
| 1-Year Individual | IND _____ | X \$20 = _____ | X \$11 = _____ | X \$ 9 = _____ | x \$2 = _____ |
| 3-Year Individual | IND _____ | X \$50 = _____ | X \$28 = _____ | X \$ 22 = _____ | x \$6 = _____ |
| Incarcerated | IVI _____ | Note 3 _____ | Note 3 _____ | | |
| <u>Life Members</u> | | | | | |
| Paid-UP | LMP _____ | Note 1 _____ | Note 1 _____ | Note 1 _____ | |
| Payment Plan | LMT _____ | X \$50 = _____ | X \$50 = _____ | X \$50 = _____ | |
| Monthly Payment | LMT _____ | X \$25= _____ | X \$25= _____ | X \$25= _____ | |
| Total | _____ | _____ | _____ | _____ | _____ |
| Continue next page | | | | | |

VVA Chapter Transmittal Cover Sheet

| | <u>Checks</u> | + | <u>Money Order</u> | + | <u>Credit Cards</u> | = | <u>Total</u> |
|------------------------------|---------------|---|--------------------|---|---------------------|---|--------------|
| Amount Paid To National | _____ | + | _____ | + | _____ | = | _____ |
| Amount Paid to State Council | _____ | + | _____ | + | _____ | = | _____ |

Make National checks payable to "VVA"
DO NOT SEND CASH

Checks Submitted

To National

To State

| Number | Amount | | Number | Amount |
|--------|--------|--|--------|--------|
| _____ | _____ | | _____ | _____ |
| _____ | _____ | | _____ | _____ |
| _____ | _____ | | _____ | _____ |
| _____ | _____ | | _____ | _____ |
| _____ | _____ | | _____ | _____ |
| _____ | _____ | | _____ | _____ |

Prepared by:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 E-mail: _____
 Daytime Phone No: _____

See Instructions on next page
 Be sure to attach New Member and/or Renewal Member Transmittal Sheets

VVA Chapter Transmittal Instructions

Purpose: The chapter transmittal is used to send new memberships, membership renewals, and dues payments to the VVA National office, and, at the chapter's option, to send state dues to the state council. The transmittal also creates a record of each membership transaction. Please be sure to keep a copy of each transmittal, and refer to that copy when contacting the National office and questions about a membership transaction. This transmittal is for VVA membership only. Please use the Associates of Vietnam Veterans of America (AVVA) chapter transmittal for all AVVA membership transactions.

Membership Eligibility: VVA membership is open to veterans of the U.S. Armed Forces who served on active duty (for other than training purposes) in the Republic of Vietnam ("in-country") between February 28, 1961 and May 7, 1975, or in any duty location between August 5, 1964 and May 7, 1975. Veterans of National Guard or Reserve components must have been called to Federal active duty, other than active duty for training. Please call or E-mail the National office if in doubt about an applicant's eligibility.

Proof of Service: All applicants for VVA membership must provide documentation showing branch and dates of service. A copy of the applicant's DD-214 is the preferred documentation. Other documentation (such as a discharge certificate, orders, awards) may be accepted if a DD-214 is not available. The DD-214 is kept in the chapter files for individual members (IND). For life members (LMT or LMP), incarcerated members (IVI), and permanently hospitalized (PHV) members, a copy of the DD-214 must be submitted to the National office.

Membership Types, Terms, and Dues:

| <u>Type</u> | <u>Abbreviation</u> | <u>Term</u> | <u>Total Dues</u> | <u>National Dues</u> | <u>Chapters Dues</u> |
|-------------------------------------|---------------------|---------------|-------------------|----------------------|----------------------|
| Individual | IND | 1 year | \$20 | \$2 | \$9 |
| Individual | IND | 3 year | \$22 | \$6 | \$22 |
| Life, Paid-Up | LMP | Life | Note 1 | | |
| Life, Time Payment Plan | LMT | 1 year | Note 2 | | |
| Incarcerated | IVI | DOC or 1 year | Note 3 | | |
| Permanently Hospitalize Veterans | PHV | PERM | No cost | | |

Note 1: Life membership dues (LMP) \$225 (age 50-55); \$200 (age 56-60); \$175 (age 61-65); \$150 (age 66 and up). The total cost is paid to the National office; please do not retain chapter or state portions. These will be rebated once each year, in May.

Note 2: The life membership time payment plan (LMT) starts with a \$50 down payment, followed by \$25 monthly payments. The total life membership cost is shown in Note 1 above. Please do not retain chapter or state portions. These will be rebated once each year, in May.

Note 3: Dues for incarcerated veterans (type IVI) in Florida, Illinois, Missouri, New York, Ohio, Virginia, and Wisconsin are \$1 per year. These members must renew their membership each year. Dues for incarcerated veterans in all other states are waived (i.e., free). The term of membership in these states will be "Duration of Confinement" or DOC.

(Continued next page)

VVA Chapter Transmittal Instructions

Dues Payment Options: There are three options for making dues payments. Its is up to the chapter to decide which options best fits its needs.

Option A: Send the total amount to the National office. The National office will send the state and chapter their portion of the total dues as monthly rebates (for amounts \$100 or greater) or quarterly rebates (for amounts under \$100).

Option B: Retain the chapter portion of the dues and send the combined national and State portions to the National office. The National office will send the state its portion of the dues as a rebate.

Option C: Retain the chapter portion of the dues, send the national portion to the National office, and send the state portion to the state council.

Preparation: Complete a Chapter Transmittal Cover Sheet for all membership transactions. In the "Number Submitted" column, write the number of transactions submitted for each type of membership. Choose dues payment option A, B, or C, and multiply the number of transactions submitted by the dollar amount. Only one dues payment option (A, B, or C) may be used on each transmittal. Enter the total amount for the option selected, and also enter totals for checks, money orders, and credit cards submitted to the National office (and the state, if using Option C). List the check number and amount for each check. Complete the "Prepared by" section so we can contact you if there are any questions about your transmittal.

For new memberships, attach the membership application form(s), or fill in the application information on the New Member Transmittal Sheet and attach it to the cover sheet. For new incarcerated members, include the inmate number after the name. For renewals, complete and attaché the Renewal Member Transmittal Sheet.

Submission: Send the completed transmittal, including dues payments to: VVA, PO Box 64299, Baltimore, MD 21264. Please do not send cash. Be sure to keep a copy of the transmittal in the chapter's records.

Need help? If you have any questions about how tot complete the transmittal, or about membership in general, please call the National membership department at 800-882-1316, or 301-585-4000, extension 143, 133, 120, or 115; fax 301-585-0519; or send an e-mail to membership@vva.org.

VVA New Member Transmittal Sheet

Chapter Number: _____

Date: _____

| | | | | | | |
|-------------------------|----------------------|----------------------|-----------------------------|------------------------------|----------------------------|---------------------------|
| Member Type (check one) | IND 1 Year | IND 3-Year | LMP Life, Paid-Up | LMT Life Pymt Plan | IVI Incarcerated | PHV Perm. Hosp. |
|-------------------------|----------------------|----------------------|-----------------------------|------------------------------|----------------------------|---------------------------|

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail : _____

Phone (h): _____ (w): _____

Date of Birth: _____ Male Female

Payment Method: (check one) Check Money Order

(Note: If paying by credit card, do not fill out the New Member Transmittal Sheet. Instead, submit a separate VVA Membership Application form with the credit card information and the applicant's signature).

| | | | | | | |
|-------------------------|----------------------|----------------------|-----------------------------|------------------------------|----------------------------|---------------------------|
| Member Type (check one) | IND 1 Year | IND 3-Year | LMP Life, Paid-Up | LMT Life Pymt Plan | IVI Incarcerated | PHV Perm. Hosp. |
|-------------------------|----------------------|----------------------|-----------------------------|------------------------------|----------------------------|---------------------------|

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail : _____

Phone (h): _____ (w): _____

Date of Birth: _____ Male Female

Payment Method: (check one) Check Money Order

(Note: If paying by credit card, do not fill out the New Member Transmittal Sheet. Instead, submit a separate VVA Membership Application form with the credit card information and the applicant's signature).

| | | | | | | |
|-------------------------|----------------------|----------------------|-----------------------------|------------------------------|----------------------------|---------------------------|
| Member Type (check one) | IND 1 Year | IND 3-Year | LMP Life, Paid-Up | LMT Life Pymt Plan | IVI Incarcerated | PHV Perm. Hosp. |
|-------------------------|----------------------|----------------------|-----------------------------|------------------------------|----------------------------|---------------------------|

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail : _____

Phone (h): _____ (w): _____

Date of Birth: _____ Male Female

Payment Method: (check one) Check Money Order

(Note: If paying by credit card, do not fill out the New Member Transmittal Sheet. Instead, submit a separate VVA Membership Application form with the credit card information and the applicant's signature).

VVA New Member Transmittal Sheet Instructions

Applications for new VVA members can be submitted in two ways.

1. Submit separate application forms for each new member, and summarize the transactions on the VVA Chapter Transmittal Cover Sheet. Send the application forms, cover, sheet, and dues payments to VVA.
2. For applicants paying by check or money order, enter the application information on the VVA New Member Transmittal Sheet. Summarize the transactions on the VVA Chapter Transmittal Cover Sheet. Send the new transmittal sheet, cover sheet, and dues payments to VVA.

If the applicant is paying by credit card, attaché a membership application form with the credit card information and the applicant's signature.

Please do not send cash. Use an Associates of Vietnam Veterans of America (AVVA) Chapter Transmittal for AVVA Membership transaction.

Chapters are responsible for verifying membership eligibility. For life members (LMT or LMP), incarcerated members (IVI), and permanently hospitalized members (PHV), a copy of the applicant's DD214 or other proof of service must be submitted with this transmittal. Please note that even if a life membership applicant is already a VVA individual (IND) member, a copy of the DD-214 is still required.

Follow these steps to complete the VVA New Member Transmittal Sheet:

1. Be sure to enter the Chapter Number and date.
2. Check the Membership Type for each new member.
3. Enter all application information (name, address, e-mail, phone, date of birth, gender).
4. For incarcerated members, write the inmate number after the last name. *We cannot process an incarcerated membership application without the inmate number.*
5. Check the payment method (Check or Money Order). For applicants paying by credit card, **do not** fill out the New Member Transmittal Sheet. Instead, submit a VVA Membership Application form with the credit card information and the applicant's signature.
6. Summarize the transactions on the VVA Chapter Transmittal Cover Sheet.
7. Make a copy of the complete transmittal and keep it in the chapter records. If you call the National Membership Department with a question about a membership transaction, have your copy of the transmittal available.
8. Submit the cover sheet, new member transmittal sheet, copies of DD-214s, any separate credit card membership applications, renewal member transmittal sheets (as needed), and dues payments to:
VVA, PO Box 64299, Baltimore, MD 21264-4299. **Do not send cash!**

If you have any questions about how to complete the transmittal, or about membership in general, please call the National Membership Department at 800-882-1316, or 301-585-4000, extensions 142, 133, 120, or 115; fax 301-585-0519; or send an e-mail to membership@vva.org.

VVA New Member Transmittal Sheet

Chapter Number: _____

Date: _____

Member Type (check one) **IND** **IND** **LMP** **LMT** **IVI** **PHV**
1 Year 3-Year Life, Paid-Up Life Pymt Plan Incarcerated Perm. Hosp.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail : _____

Phone (h): _____ (w): _____

Date of Birth: _____ Male Female

Payment Method: (check one) Check Money Order

(Note: If paying by credit card, **do not** fill out the New Member Transmittal Sheet. Instead, submit a separate VVA Membership Application form with the credit card information and the applicant's signature).

Member Type (check one) **IND** **IND** **LMP** **LMT** **IVI** **PHV**
1 Year 3-Year Life, Paid-Up Life Pymt Plan Incarcerated Perm. Hosp.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail : _____

Phone (h): _____ (w): _____

Date of Birth: _____ Male Female

Payment Method: (check one) Check Money Order

(Note: If paying by credit card, **do not** fill out the New Member Transmittal Sheet. Instead, submit a separate VVA Membership Application form with the credit card information and the applicant's signature).

Member Type (check one) **IND** **IND** **LMP** **LMT** **IVI** **PHV**
1 Year 3-Year Life, Paid-Up Life Pymt Plan Incarcerated Perm. Hosp.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail : _____

Phone (h): _____ (w): _____

Date of Birth: _____ Male Female

Payment Method: (check one) Check Money Order

(Note: If paying by credit card, **do not** fill out the New Member Transmittal Sheet. Instead, submit a separate VVA Membership Application form with the credit card information and the applicant's signature).

