

Associates of Vietnam Veterans of America, Inc.

Membership Transfer Form

Submit to: AVVA Membership Dept. | 8719 Colesville Rd., Suite 100 | Silver Spring, MD 20910 or attach and Email to: membership@vva.org addressed to AVVA Membership Dept.

MEMBER INFORMATION:			
Name:	Member ID#		
Address:			
City:	State:	Zip:	
Phone:	Email:		
FORMER CHAPTER INFO	RMATION: (transferring	from:)	
Chapter number:	or At-Large	e in State of:	
Chapter Mailing Address:			
City:	State:	Zip:	
TRANSFER TO INFORMA	TION:		
Chapter Number:	or At-Large in State of:		
Chapter Address:			
		Zip:	
REQUIRED SIGNATURES	<u>:</u>		
Transferring Member:		Date:	
*New Chapter or State Rep/P	res	Date:	
* (If there is no chapter or stat	e rep/pres. the regional direct	or may sign).	

MEMBER TRANSFER PROCESS:

- 1. Member transfer must be initiated by the member, him/her self.
- 2. Both the member and the 'transferring-to' chapter official must sign the form.
- 3. The chapter rep/pres from the transferring-to chapter will forward a copy of the transfer form to the transferring-from chapter, the state rep/pres, and to the National Membership Department.
- 4. The National database will be updated and a replacement membership card sent to the member.
- 5. All sections must be completed in full in order to be accepted.