



VVA Chapter 975 ~ Membership Application

PERSONAL INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Numbers- Home: () _____ - _____ Work: () _____ - _____
Cell: () _____ - _____

E-Mail: _____ Date of Birth: _____ Gender:

M F (Circle One)

TYPE OF MEMBERSHIP- Select One

Yearly Memberships

___: Individual Member -1 year: \$20

___: Individual Member- 3 years: \$50

Life Memberships

___: Life Member- Ages 49 and Under : \$250 ___: Life Member- Ages 50-55: \$225

___: Life Member- Ages 56-60: \$200 ___: Life Member- Ages 61-65: \$175

___: Life Member- Ages 66+: \$150

___: *Optional Time Payment plan (Life Membership)- \$50 down, \$25/month (also select an age category)*

PAYMENT METHOD

Payment can be in the form of check or money order payable to: **VVA 975**

Return your completed application, payment, **WITH** a copy of your DD Form-214 to:

Ralph McKie
President Mohave County Chapter 975
P.O. Box 184
Kingman, AAZ 86402

Office Use Only:

Membership Application Received: _____ Application Forwarded to National: _____