



# Application for Membership

Mail applications to: Monument Bank | AVVA Lock Box  
8602 Colesville Rd | Silver Spring, MD 20910

State/Chapter \_\_\_\_\_ At-Large \_\_\_\_\_

VVA Member: Yes No If no, are you eligible for VVA membership? Yes No

New Member: \_\_\_\_\_ Renewal: \_\_\_\_\_ Membership #, if known: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: F M

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Yearly Membership Dues:

1 Year: \$20  3 Years: \$50

Life Membership Options: (check all that apply)

<input type="checkbox"/> Paid in Full	<input type="checkbox"/> 49 yrs and under \$250
<input type="checkbox"/> Payment Plan (Requires a \$50 down payment. \$25/mo until paid in full)	<input type="checkbox"/> 50-55 years \$225
	<input type="checkbox"/> 56-60 years \$200
	<input type="checkbox"/> 61-65 years \$175
	<input type="checkbox"/> 66-71 years \$150
	<input type="checkbox"/> 72 and above \$100

**NOTE: Paying less than \$250 requires proof of age.**

### **DO NOT SEND CASH**

<u>Payment Method</u>			
<input type="checkbox"/> Check			<input type="checkbox"/> Money Order
<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover
Card # : _____		Exp Date: _____	
Signature: _____			

**Make checks payable to AVVA, and mail with app to:**  
Monument Bank / AVVA Lock Box / 8602 Colesville Rd. / Silver Spring, MD 20910