



VVA MEMBERSHIP TRANSFER FORM

Mail completed transfer form to:
Vietnam Veterans of America
ATTN: Membership Department
8605 Cameron ST, Suite 400
Silver Spring, MD 20910

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Member Number _____

Transferring To:

New Chapter Number: 271
Chapter Address: PO Box 13083
City, ST, ZIP: Salem, OR 97309-1083

Printed Name & Title of Chapter Official: _____

Signature of Chapter Official: _____

Transferring From:

Former Chapter Number: _____ State: _____

Note: This chapter should remove the member's DD 214 from their files and mail it to the new chapter.

Signature of Member requesting Transfer: _____