

EZ Renewal Form

VVA Membership



Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ Cell: _____

Email address: _____

Gender: Male Female Chapter #: _____

Type of Membership: 1 year = \$20.00 3 year = \$50.00

Life membership = \$100.00

Payment method: Cash Check Credit Card

Credit card #: _____ Exp. Date: _____

CVV / CVC #: _____

Mail payment to: VVA Chapter 1036
P. O. Box 842
Oxford, Florida 34484