

EZ Renewal Form

VVA Membership



Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ Cell: _____

Email address: _____

Gender: Male Female Member number: _____

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Type of Membership: Life membership = \$50.00

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