



Date: _____

VIETNAM VETERANS OF AMERICA

Membership Application for Permanently Hospitalized Vietnam War Veterans

Name: _____

Date of Birth: _____ Male Female

Name of Health Care Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____

Chapter (Optional): _____ Sponsor (Optional): _____

Eligibility: Permanently hospitalized veterans of the Vietnam War who served on active duty (for other than training purposes) in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or in any duty location between August 5, 1964 and May 7, 1975. Eligible veterans may join Vietnam Veterans of America At no cost.

(signature of applicant or care-giver)

Return this application along with a copy of your DD-214 to:

VIETNAM VETERANS of AMERICA
Attn: Membership
8719 Colesville Road, Suite 100
Silver Spring, MD 20910

1-800-882-1316 301-585-4000 www.vva.org