



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 November 1, 1955 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**  
**PO Box 49030**  
**Baltimore, MD 21297-4930**

**1-800-882-1316**

**301-585-4000**

**[www.vva.org](http://www.vva.org)**