## Application for Membership

State/Chapter
Ohio Chapter 649
At-Large


VVA Member: Yes $\square$ No $\square$ If no, are you eligible for VVA membership?


No $\square$
New Member: $\square$ Renewal: $\square$ Membership \#, if known: $\qquad$
Name: $\qquad$
Sex: $\square$ M $\square$

Address: $\qquad$ Date of Birth: $\qquad$
City: $\qquad$ ST: $\qquad$ Zip: $\qquad$
Phone (H): $\qquad$ Phone (C): $\qquad$
E-Mail: $\qquad$

Yearly Membership Dues:
$\square$ 3 Years: \$50
Life Membership Options: (check all that apply)


## DO NOT SEND CASH



