



Transgender American Veterans Association

Your Renewal Membership Application

* **Membership Type** (Check One): Veteran _____ Associate _____

* **Today's Date** (mm-dd-yyyy): _____

* **Legal Name:** _____

* **Preferred Name:** _____

* **To ensure the utmost respect and privacy to our members, if we should need to call or drop you a line via regular mail, How should we address you?** _____

* **Membership Levels** (Check One): Basic Membership \$35.00 _____
Advanced Membership \$50.00 _____ Gold Membership \$100.00 _____ Diamond Membership \$250.00 _____
Life Membership \$500.00 _____ *Special Lower Rate Membership \$ _____

* Special Lower Rate is for those people who cannot afford the Basic Membership Level, TAVA offers a sliding scale from \$1 to \$25. The Membership Chair will contact you and discuss this further.

Please send your information to membership@tavausa.org via email, or mail to:

TAVA PO Box 4513 Akron, Ohio 44310

Please send a check or money order for the Membership Level you elected made out to

"TAVA", then mail it to: **TAVA PO Box 4513 Akron, Oh 44310**

OR You may use your credit/debit card to make your membership or renewal payment. Please go to www.tavausa.org/join.html for this feature.



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www.tavausa.org