



Central Virginia Committee for

POW•MIA

Awareness

Membership Form

() I am interested in joining the Central Virginia Committee for POW•MIA Awareness. Please send me information so I can attend your next meeting.

() I cannot join the CVCPOW•MIA at this time but I am interested in more information. Please have someone from the committee call me.

() I cannot join the CVCPOW•MIA at this time but in the future could work on a specific project in one of the areas listed below:

- () Make phone calls
- () Distribute Materials
- () Man a booth
- () Provide transportation
- () Write newsletters
- () Provide refreshments
- () Make xerox copies

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____

HOME PHONE: _____

WORK PHONE: _____

FAX: _____



