



**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: \_\_\_\_\_





