



VVA LICENSE PLATE REQUEST FORM



When completed, send this form to:

Mr. Dennis Beauregard
831 Andover Street
Red Bank, NJ 07701-5744

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE NUMBER: _____ - _____ - _____

CELL PHONE NUMBER: _____ - _____ - _____

CHAPTER NUMBER: _____

LIFE MEMBERSHIP NUMBER: _____

OFFICE USE ONLY – DO NOT FILL IN

LICENSE PLATE NUMBER: VV _____

NUMBER OF PLATES: _____ **DATE:** ____/____/____