



MEMBERSHIP REINSTATEMENT FORM

NAME: _____ VH MEMBER #: _____

PHONE: _____ EMAIL: _____

NAME: _____ VH MEMBER #: _____

PHONE: _____ EMAIL: _____

RE-START DATE: _____

MEMBERSHIP TYPE:

INDIVIDUAL AUTO _____ MILITARY INDIVIDUAL AUTO _____

COUPLES AUTO _____ MILITARY COUPLES AUTO _____

½ COUPLES AUTO _____ MILITARY ½ COUPLES AUTO _____

FAMILY AUTO _____ MILITARY FAMILY AUTO _____

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____

EMPLOYEE: _____

DATE: _____