# BVA EmblemBlinded Veterans Association

**Membership Application**

125 N. West St, 3rd Floor

Alexandria, VA 22314

(202) 371-8880 or (800) 669-7079

[www.bva.org](http://www.bva.org/)



Personal Information

Last Name:

First Name:

Middle Initial:

Address:

City:

State:

Zip:

Home Phone No:

Cell No:

Email:

Date of Birth:

Social Security No: Membership Election (please select one of the following membership types.)

Life Member (I qualify for the following one time rate.)

$100.00 (44 yrs. or younger.) $88.00 (45 yrs. - 54 yrs.)

$75.00 (55 yrs. - 60 yrs.) $63.00 (61 yrs. - 65 yrs.)

$50.00 (66 yrs. and older.)

I wish to make payments. I have enclosed a $25.00 initial payment. I will pay the balance of my Life Membership rate within two years.

Annual Member ($15.00 Annual Dues)

Honorary WWII Life Member (I served on active duty during

WWII and I understand honorary members cannot vote or be an officer.)

BVA Bulletin (Please select one of the following formats.)

I will download from bva.org (please send an email notification.)

Email PDF version Email Word version

Mail Print Version Mail CD

Billing Information Payment Amount $

Check or money order Please call me Credit/Debit Card

Card Holder Name as it appears on Card:

Billing Address:

City:

State:

Zip:

Card Number:

Expiration Date:

Card Security Code:

Card Holder Signature:

Please enclose copy:

1) - DD214

2) - Physician's letter of legal blindness

3) - VA decision if service connected for blindness.

Referred by:

**Arizona - Central/Northern Regional Group**

Application revised in 2015