Blinded Veterans Association
Membership Application

125 N. West st, 3rd Floor
Alexandria, VA 22314
(202) 371-8880 or (800) 669-7079 www.bva.org

Dues have been reduced to **$25.00** beginning August 17, 2018

Personal Information

Last Name: First Name: Middle Initial:

Address: City: State: Zip:

Phone No: Cell No: DOB:

Social Security #: Email:

Membership Election (please select one of the following membership types.)

☐ Life Member (Service Connected for Blindness.)

$25

☐ Associate Life Member (Not Service Connected for Blindness.)

$25

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:

Bill Address:

City: State: Zip:

Card Number: Expires: Security Code:

Card Holder Signature:

(NOTE) Please enclose a copy of your VIST Coordinator's or physician's letter of legal blindness.

Referred by: