



# Blinded Veterans Association

## Membership Application

1101 King Street, Suite 300

Alexandria, VA 22314

(202) 371-8880 or (844) 608-0145 <https://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**

Complimentary Honorary Life Member (WWII) Free

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

---

I will download from [bva.org](http://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: