



Blinded Veterans Association
Membership Application
1101 King Street. Suite 300
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:
Street Address:
City: State: Zip:
Home Phone No: Cell No: Email:
Social Security No: Date of Birth:
Gender: F M Reason for vision loss:

Membership Election (Refer to Membership Types and Supporting Documentation
Legally Blind letter and DD 214) please select one of the following types.)

- Life Member (Service Connected for Blindness.) **\$25.00**
 Associate Life Member (Not Service Connected for Blindness.) **\$25.00**
 Complimentary Honorary WWII Life Membership) **Free**

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 Street Address:
City: State: Zip:
Card Number: Expiration Date:
Card Security Code: Card Holder Signature:

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

Referred by: