# BVA EmblemBlinded Veterans Association

Membership Application

1101 King Street. Suite 300

Alexandria, VA 22314

(202) 371-8880 or (800) 669-7079 [www.bva.org](http://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: