



Blinded Veterans Association
Membership Application-2018
125 N. West St, 3rd Floor
Alexandria, VA 22314
(202) 371-8880 or (800) 669-7079
www.bva.org

Personal Information

Last Name: First Name: Middle Initial:
Street Address:
City: State: Zip:
Home Phone No: Cell No:
Email: Date of Birth:
Social Security No:

Former, Annual, or Members still paying for Membership

(No Supporting Documents required if previously submitted) – Page 2

Date of Application Submission (MM/YY):

Membership Election: (Refer to Membership Type and Supporting Documentation for Eligibility Verification – **Page 3**)

\$25.00 Life Membership \$25.00 Associate Life Membership

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:

Referred by: Revised August 17, 2018

FORMER OR FORMER ASSOCIATE MEMBER (FM OR FAM)

1. Fee to pay to become a Life or Associate Life Member: \$25.00
2. Supporting Documents: None - Proof was already processed on previous application.

ANNUAL MEMBER (AM)

Upon expiration of Annual Term Period of Application, Veteran can apply as a New Life or Associate Life Member. The **Annual Membership Category is expired as of 17 August 2018**

1. Fee to pay to become a Life or Associate Life member - \$25.00
2. Supporting Documents: None - Proof was already processed on previous application.

PEINDING LIFE AND ASSOCIATE LIFE MEMBERS (P - LM) OR P - ALM)

Member has paid \$15.00 and has up to 2 years to payoff entirety for a Life or Associate Life Membership.

1. Fee to pay to become a Life or Associate Life Member: Balance of first Application:

(According to Age)

Life or Associate Life Member Scale of Previous Application

\$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.)

OR

1. Fee to pay to become a Life or Associate Life member - \$25.00
2. Supporting Documents: None - Proof was already processed on previous application.

QUALIFICATIONS FOR MEMBERSHIP, ASSOCIATE MEMBERSHIP AND HONORARY MEMBERSHIP

Any person having been, or being, in the Armed Forces of the United States shall be eligible if he/she has sustained an impairment of sight or vision, which is defined as Central visual acuity of 20/200 or less in the better eye with corrective lenses, or a Visual field restriction of no greater than 20 degrees or less in the better eye.

MEMBERSHIP TYPES

Life Member (LM): Above impairment of sight or vision is determined to be service-connected (In the line of Duty) by the VA or DOD

Associate Life Member (ALM): Above impairment of sight or vision is not determined to be service-connected (not Incurred in the line of Duty) by the VA or DOD

Honorary WWII Life Membership (HLM): Meets the above qualifications and served during WWII (December 7, 1941 – December 31, 1946). Honorary Members shall have no direct voice or vote of any kind in the affairs of the Association, but may submit suggestions or recommendations for the consideration of the Association and attend meetings. Qualified Honorary Members are eligible for appointment to The National Chaplain and National Sergeant-at-Arms by The National Board of Directors.

SUPPORTING DOCUMENTATION (for Eligibility Verification)

1. **Proof of Military Service Documentation:** Branch and Service Dates
 - a. **Honorable Discharge (DD214)**, Retirement or Separation Papers **OR**
 - b. **Veterans Benefits Administration(VBA) Letters** available on E-Benefits or by calling 1-800-827-1000
 - i. Benefit summary letter
 - ii. Service verification letter
2. **Proof of Legal Blindness:**” (Select one of the below suggestions) Central visual acuity of 20/200 or less in the better eye with corrective lenses, or a Visual field restriction of no greater than 20 degrees’ or less in the better eye or ICD-10-CM Diagnosis Code H54.8 “Legal blindness, as defined in USA”
 - a. **Physician's letter** of legal blindness (generally from an ophthalmologist) **OR**
 - b. **Certificate of Legal Blindness** from Blind Rehabilitation Center (BRC) **OR**
 - c. **Visual Impairment Service Team (VIST) Coordinator** letter as described below.

Visual Impairment Service Team (VIST) Coordinator Letter

While BVA has made it a policy to accept:

- (1) A VIST letter with an
- (2) Attached release of information Form 10-5345
- (3) Please note a VIST Coordinator is not obligated to provide this letter and under VA policy, the request must be submitted through the Release of Information (RIO) Office.

Sample VIST Letter

(Veteran Name) served in the (Branch of service) from (Enlistment Date) to (Release Date). VHA records show the veteran meets ICD-10-CM Diagnosis Code H54.8 for legal Blindness.

VIST Name & contact information

VIST Signature

BVA Supporting Documentation Assistance

If you need assistance in acquiring the Supporting Documentation you may complete a VA Form 10-5345 Authorization to release information or a VA Form 21-22 (POA) Appointment of Representative for a VA claim and BVA can assist. Call the Membership Department for more information at 202-371-8880.