



Blinded Veterans Association  
Membership Application  
1101 King Street, Suite 300  
Alexandria, VA 22314  
(202) 371-8880 or (800) 669-7079  
bva.org

**Personal Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
County/Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: Female  Male  Other

**Please select one of the following membership 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**

**Please select one of the following BVA Bulletin formats:**

- Online Version       Email PDF Version       Email Word Version  
 Mail Print Version       Mail CD

**Billing Information:**

- \$25 Check or Money Order (Mail to: BVA, 1101 King St, Suite 300, Alexandria, VA 22314)  
 Please Call Me  
 \$25 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: \_\_\_\_\_

Recruited by: \_\_\_\_\_

NOTE: Please submit a letter from a Certifying Official affirming legal blindness.