



Blinded Veterans Association
Membership Application
PO Box 90770
Washington, DC 20090
(202) 371-8880 or (800) 669-7079
BVA.org

Personal Information:

| | | |
|--|---|----------------------------------|
| First Name: | | |
| Middle Name: | | |
| Last Name: | | |
| Suffix: | | |
| Street Address: | | |
| City: | State: | Zip: |
| County/Parish: | | |
| Primary Phone: | | |
| Email: | | |
| Date of Birth: | | |
| Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> | | |
| Please select one of the following membership types: | | |
| <input type="checkbox"/> Life Member (Legally Blind): \$50.00 | | |
| <input type="checkbox"/> Life Member (Low Vision): \$50.00 | | |
| Please select one of the following BVA Bulletin formats: | | |
| <input type="checkbox"/> Online Version | <input type="checkbox"/> Email PDF Version | <input type="checkbox"/> Mail CD |
| <input type="checkbox"/> Mail Print Version | <input type="checkbox"/> Email Word Version | |
| Military Service: | | |
| Branch of Service: | | |
| Wartime Period: | | |
| <input type="checkbox"/> World War II (December 7, 1941, to December 31, 1946) | | |
| <input type="checkbox"/> Korean Conflict (June 27, 1950, to January 31, 1955) | | |
| <input type="checkbox"/> Vietnam War (February 28, 1961, to May 7, 1975) | | |
| <input type="checkbox"/> Gulf War (August 2, 1990, through a future date to be set by law) | | |
| <input type="checkbox"/> Peacetime | | |

Billing Information:

- \$50.00 Check or Money Order (Mail to: BVA, PO Box 90770, Washington, DC 20090)
- Please Call Me
- \$50.00 Credit / Debit Card

Card Holder Name
(as it appears on card):

Billing Street Address:

City:

State:

Zip:

Credit Card Number:

Expiration Date:

Card Security Code:

Card Holder Signature:

Additional Notes:

Recruited By:

NOTE: Please submit a letter from a certifying official affirming legal blindness or low vision status. You may request assistance in obtaining the letter from a VA VIST Coordinator by utilizing VA Form [10-5345 Request for and Authorization to Release Health Information](#) to a non-VA (or third-party) individual or organization. You may also contact us via email: membership@bva.org, or via telephone: (800) 669-7079 x 330 for assistance. Blinded Veterans Association: One Vision, One Team, One Fight!