**Personal Information:**

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

**Billing Information:**

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| $50.00 Credit/Debit Card  $50.00 Check or Money Order (Mail to: BVA, PO Box 90770, Washington, DC 20090)  Please Call Me | | |
| Card Holder Name (as it appears on card): Click or tap here to enter text. | | |
| Billing Street Address: Click or tap here to enter text. | | |
| City: Click or tap here to enter text. | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |
| Credit Card Number: Click or tap here to enter text. | | |
| Expiration Date: Click or tap here to enter text. | | |
| Card Security Code: Click or tap here to enter text. | | |
| Card Holder Signature and Date: Click or tap here to enter text. Click or tap to enter a date. | | |
| Additional Notes: Click or tap here to enter text. | | |
| Recruited By: Click or tap here to enter text. | | |
| 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](https://www.va.gov/vaforms/medical/pdf/VA_Form_10-5345_%20Fillable.pdf) to a non-VA (or third-party) individual or organization. You may also contact us via email: [membership@bva.org](mailto:membership@bva.org), or via telephone: (800) 669-7079 x 330 for assistance. Blinded Veterans Association: One Vision, One Team, One Fight! | | |