**Personal Information:**

|  |  |  |
| --- | --- | --- |
| First Name: | | |
| Middle Name: | | |
| Last Name: | | |
| Suffix: | | |
| Street Address: | | |
| City: | State: | Zip: |
| County/Parish: | | |
| Primary Phone: | | |
| Email: | | |
| Date of Birth: | | |
| 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: | | |
| **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:**

|  |  |  |
| --- | --- | --- |
| $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): | | |
| 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](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! | | |