**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:**

|  |
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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):  |
| 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, or via telephone: (800) 669-7079 x 330 for assistance. Blinded Veterans Association: One Vision, One Team, One Fight! |