

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	☐ Email PDF Version	☐ Mail CD	
☐ Print Version	☐ Email Word Version		
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)			
\square Vietnam War (February 28, 1961, to May 7, 1975)			
\square 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:				
Postuited Pv				
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!				