



# BLINDED VETERANS ASSOCIATION AUXILIARY

## APPLICATION FOR BVAA NATIONAL MEMBERSHIP

If you are the spouse, relative, or friend of a blinded veteran, and are at least 18 years old, we invite you to join the BVA Auxiliary.

Membership Dues are \$15.00 per year or \$50.00 for lifetime

BVAA fiscal year runs from July 1<sup>st</sup> – June 30<sup>th</sup>. Any dues received after June 30<sup>th</sup> will be applied to the coming fiscal year.

**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name of the Blinded Veteran: \_\_\_\_\_

Regional Group: \_\_\_\_\_

Please Check Relationship to Veteran Spouse: \_\_\_ Relative: \_\_\_ Friend: \_\_\_

Applicant's Birthday (month & day): \_\_\_\_\_

**Please make checks out to "Blinded Veterans Association Auxiliary" or "BVAA"**

**Mail to:**

**KARIN MYRON**

National BVAA Treasurer

801 Pebblebrook Circle, Apt 1

Manhattan, Kansas 66503

Additional Donations Welcomed (Optional):

General Fund: \_\_\_\_\_

Scholarship Fund: \_\_\_\_\_

Total: \_\_\_\_\_

**The BVAA thanks you for your support.**