



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 1st – June 30th. Any dues received after June 30th 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

543 D V Cir

Spring Hill, TN 37174

Additional Donations Welcomed (Optional):

General Fund: _____

Scholarship Fund: _____

Total: _____

The BVAA thanks you for your support.