



Blinded Veterans Association  
Membership Application  
1101 King Street Suite 300  
Alexandria, VA 22314  
(202) 371-8880 or (800) 669-7079 www.bva.org

Dues have been reduced to **\$25.00** beginning August 17, 2018

### Personal Information

Last Name:  First Name:  Middle Initial:   
Street Address:   
City:  State:  Zip:   
Home Phone No:  Cell No:  Email:   
Social Security No:  Date of Birth:   
Gender: F  M  Reason for vision loss:

Membership Election (Refer to Membership Types and Supporting Documentation **Legally Blind letter and DD 214**) please select one of the following types.)

- Life Member (Service Connected for Blindness.) **\$25.00**  
 Associate Life Member (Not Service Connected for Blindness.) **\$25.00**  
 Complimentary Honorary WWII Life Membership) **Free**

BVA Bulletin (Please select one of the following formats.)

- I will download from bva.org (please send an email notification).  
 Email PDF Version  Email Word Version  Mail Print Version  Mail CD

### Billing Information

### Payment Amount \$

Check or Money Order  Please call me  Credit/Debit Card  
Card Holder Name as it appears on Card:   
Billing Street Address:   
City:  State:  Zip:   
Card Number:  Expiration Date:   
Card Security Code:  Card Holder Signature:

(NOTE) Please enclose a copy of your VIST Coordinator's or physician's letter of legal blindness.

Referred by: