



# Membership Application

An individual is eligible for membership by meeting the following criteria: (1) is a citizen of the United States; (2) was regularly enlisted, inducted or commissioned for active duty service in the Army, Navy, Marine Corps, Air Force, or Coast Guard of the United States, or our allies as evidenced by other-than-dishonorable character of service documented by a verifiable DD-214 or DD-215 (entry-level separation not acceptable); (3A) was separated from the service in the Armed Forces under conditions other than dishonorable; or (3B) is on active duty or must continue to serve after the cessation of hostilities; and (4) has suffered a spinal cord injury or disease (such as MS, ALS), whether or not service connected in origin. Membership is free. Complete and return application to the chapter of choice or by mail/email to: Paralyzed Veterans of America Membership Department, 1875 Eye Street, NW, Suite 1100, Washington, DC 20006; (E) members@pva.org. Providing the requested information is entirely voluntary but required for membership with Paralyzed Veterans of America.

Chapter Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_  Male  Female

**Race/Ethnicity:**

- Asian/Pacific Islander  African American/Descent  Hispanic/Latino
- Native American/Alaskan Native  Caucasian

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## VETERAN STATUS INFORMATION

Please submit the following with application:

- DD Form 214 showing character of discharge.
- Medical evidence of spinal cord injury or involvement (medical records or physician's statement).

**Proof of active duty status must be verified prior to membership approval.**

Have you been discharged under conditions that are less than honorable?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you a United States citizen?  Yes  No

Do you have a spinal cord injury or disease?  Yes  No If disease, specify: \_\_\_\_\_

Is your spinal cord injury or spinal cord disease service connected?  Yes  No

If Paralyzed Veterans of America is your accredited representative, do you permit PVA Service Officers to provide information to PVA National Membership Department relative to your membership eligibility?  Yes  No

I declare under penalty of perjury that the foregoing is true and correct, that I have read and meet the qualifications and I understand that my membership could be denied or revoked if any information provided is inaccurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE MAIL TO:**  
**VAUGHAN PVA**  
2235 Enterprise Drive, Ste 3501  
Westchester, IL 60154



## Physician's Statement Form

is a veteran who has a spinal cord injury or disease.

His/her diagnosis is:

- Paraplegia
- Tetraplegia
- Brown Sequard Syndrome
- Cauda Equina Syndrome
- ALS
- Multiple Sclerosis
- Transverse Myelitis
- Other (please specify)

*Veterans with a SCI/D (excluding those with MS and ALS) must have an associated neurological impairment (such as bowel/bladder dysfunction, complete or partial paralysis, sensory loss) to be eligible for PVA membership. Please specify their neurological impairment.*

Neurological impairment:

Physician's Signature

Physician's Name

Physician's Title

Physician's Phone/Email

Date Signed