



Paralyzed Veterans of America

Vaughan Chapter

ASSOCIATE MEMBERSHIP APPLICATION

Vaughan Chapter Paralyzed Veterans of America

2235 Enterprise Drive, Suite 3501

Westchester, IL 60154

(708) 947-9790 / 1-800-727-2234

I hereby apply for Associate Membership in Vaughan Chapter PVA and understand that I shall enjoy limited privileges of regular voting members of the Vaughan Chapter. I am not permitted to vote, hold an elected position or lead the organization, nor deprive the privileges of ordinary members. I understand that changes within the Associate Membership program are subject to change by the membership officer and executive director.

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ () _____ () _____
Home Cell Other

E-Mail: _____

I want to assist the chapter in the following areas (circle all that apply):

- Fundraising
- Membership
- Legislation
- Advocacy
- Sports
- Mail
- Research
- Development

\$25.00—Annual Associate Membership

Signature: _____