



ASSOCIATE MEMBERSHIP APPLICATION

Vaughan Chapter Paralyzed Veterans of America

2225 Enterprise Drive, Suite 2502

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 |

\$50.00—Annual Associate Membership

Signature: _____