



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, 801 Eighteenth Street, NW, 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:** ____/____/____



Physician's Statement Form

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

His/her diagnosis is:

Paraplegia

Quadriplegia

Brown Sequard Syndrome

Cauda Equina Syndrome

ALS

Multiple Sclerosis (involving the spinal cord)

Transverse Myelitis

Other (please specify) _____

Physician's Signature

Physician's Name

Physician's Title

Physician's Phone/Email

Date Signed