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Associate Membership Application

Mission Statement

The Paralyzed Veterans of America-Wisconsin Chapter (PVA-WI) strives to improve the quality of life for American veterans and others living with spinal cord injury, or disease (SCI/D), MS, and ALS.

Our core programs focus on adaptive sports and recreation, access to quality healthcare and benefits, research and education, advocacy and legislation, and membership and community outreach.

PVA-WI relies on the commitment of members, volunteers, and supporters who give their time and energy to advance this mission. We welcome individuals who share our goals to apply for Associate Membership. Eligibility requires an interest in our mission, support for our organizational objectives, and a willingness to follow chapter policies and procedures when representing PVA-WI.

All decisions regarding Associate Membership are made by the PVA-WI Board of Directors.

Please provide the following information:

First Name: _____ Last Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Alternative Phone: _____

Gender: Male ___ Female ___ Date of Birth: Month ___ Day ___ Year ___

Do you have an SCI/D, MS, or ALS? Yes ___ No ___

Are you a veteran? Yes ___ No ___ Donation Enclosed (Optional) \$ _____

Signature: _____ Date: _____

There is no cost for Associate Membership in PVA-WI; however, donations are gratefully accepted and are 100% tax deductible. If you make a donation now or in the future, you will receive a letter acknowledging your charitable contribution for your tax purposes. As an Associate Member of PVA-WI, you will receive our quarterly newsletter, and you may contact us at any time for information, comments, or questions.

PVA-WI OFFICE USE ONLY

Approved: _____ Disapproved: _____ Date: _____ Signature: _____