Paralyzed Veterans of America
Wisconsin Chapter

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Associate Membership Application

(Effective 8/25/2026)

Paralyzed Veterans of America - Wisconsin Chapter, Associate Membership is open to *Wisconsin residents* who are legal U.S. citizens, who do not qualify for Life Membership, and have a significant physical disability that substantially limits mobility and would reasonably benefit from participation in programs and services offered by PVA-WI.

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

Please provide the required information below:

First Name: _____ Last Name: _____ Middle Initial: _____

Address:_____

City: _____ State: _____ Zip Code:_____

E-Mail_____ Cell Phone: _____ Alternative Phone: _____

Gender: Male ☐ Female ☐ Date of Birth: Month_____ Day _____ Year_____

Are you a veteran? Yes ☐ No ☐ Military Service Dates: _____

I have read and understand the Associate Membership Program Description. Yes ☐ No ☐

I understand that I must submit the Associate Membership Physician's Statement along with this application for my membership to be considered. Yes ☐ No ☐

You will automatically be enrolled in email delivery of our newsletters and correspondence unless you opt out. This helps reduce organizational costs, as printing and mailing the newsletter alone costs the organization more than $25 per person, per year. Opt out of electronic delivery ☐

Applicant Signature: _____ Date: _____

PVA-WI OFFICE USE ONLY

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