



**Paralyzed Veterans
of America**

Wisconsin Chapter

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Associate Membership Application

Mission Statement

The Paralyzed Veterans of America Wisconsin Chapter will improve the quality of life of United States Military Veterans and others who have Spinal Cord Dysfunction through the use of Education, Communication, Advocacy, Legislation, Research and Sports and Recreation. PVA has several members and friends volunteering their time in an effort to accomplish this mission. We encourage *Associate Membership* to those individuals interested in aiding our cause. Associate membership has the same rights and privileges as regular membership, except Associate Members do not have voting rights. Eligibility of Associate Membership involves an interest in our goals and objectives, support of our organization, and a commitment to following policies and procedures when representing the chapter. The PVA-WI Board of Directors (BOD) makes all decisions on Associate Membership status.

Please provide the following information:

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____ Birth mo. ____ Day ____ Yr. ____

Do you have a Spinal Cord Injury or Disease? (circle one) Yes No

Are you a veteran? (circle one) Yes No Donation (optional) Enclosed \$ _____

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.

Approved: ____ Disapproved: ____ Date: _____ BOD President's Signature: _____

