



PARALYZED VETERANS OF AMERICA

MEMBERSHIP APPLICATION

Paralyzed Veterans of America

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, and was accepted for or on active duty, in the Army, Navy, Marine Corps, Air Force, or Coast Guard of the United States or an ally of the United States; (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 mail the application to: PVA Membership Department, 801 18th Street, NW, Washington, DC 20006 or to the chapter of choice. Providing the requested information is entirely voluntary but required for membership with PVA.

800-424-8200 • www.pva.org

Chapter Name: _____

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

Date of Birth: _____ / _____ / _____ Social Security Number: _____
month date year

Male Female Are you a United States citizen? Yes No

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____

VETERAN STATUS INFORMATION

DATE(S) OF MILITARY SERVICE		TYPE OF SEPARATION Discharge (D) or Retirement (R)	BRANCH OF SERVICE				
Start Date <small>month/date/year</small>	End Date <small>month/date/year</small>		Copy of DD214 showing type of discharge or VA Medical Services Card Required (attach a copy to application)				
		<input type="checkbox"/> D or <input type="checkbox"/> R	<input type="checkbox"/> Still on Active Duty *Proof of Active Duty status must be verified prior to approval				
		<input type="checkbox"/> D or <input type="checkbox"/> R	<input type="checkbox"/> Army	<input type="checkbox"/> Air Force	<input type="checkbox"/> Navy	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Coast Guard
		<input type="checkbox"/> D or <input type="checkbox"/> R	<input type="checkbox"/> Army	<input type="checkbox"/> Air Force	<input type="checkbox"/> Navy	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Coast Guard

Have you ever been discharged under conditions that are less than honorable? Yes No

Is your spinal cord injury or spinal cord disease service connected? Yes No

DISABILITY CLASSIFICATION

SPINAL CORD INJURY

(Complete ONLY if you have a traumatic spinal cord injury)

Date of Injury: _____ / _____ / _____

Injury Level: C1-C08 Cervical T01-T12 Thoracic
 L01-L05 Lumbar S01-S05 Sacral

Cause of SCI:

- Vehicular (auto, motorcycle, aircraft, bicycle, etc.)
- Violence (gunshot, stabbing, explosion, etc.)
- Pedestrian (hit by car, etc.)
- Sport or recreation (swimming, diving, etc.)
- Flying or falling object
- Medical-surgical complications
- Other traumatic injury _____
- Unknown

SPINAL CORD DISORDER

(Complete ONLY if you have non-traumatic spinal cord disorder)

Date of diagnosis/onset of condition:

_____ / _____ / _____

Specific disease:

- Multiple Sclerosis (involving spinal cord)
- Poliomyelitis
- Amyotrophic diseases (lateral sclerosis, transverse myelitis)
- Syringomyelia
- Other (specify) _____

LEVEL OF FUNCTION

Indicate your level of function: ****If no paralysis, medical documentation must be submitted indicating spinal cord involvement**

- Paraplegia Tetraplegia (Quad) Hemiplegia No paralysis at this time

GENERAL INFORMATION (Optional, not required)

Please check the appropriate box or fill in the blank of each of the categories that best describes your present status. This important information enables the PVA to compile data for the effective implementation and support of our programs.

EDUCATION (highest level)

- Less than high school graduate
- High school graduate/GED
- Some college or trade school
- Associate's degree
- Bachelor's degree
- Attended graduate school
- Graduate degree
- Other _____

CURRENT EMPLOYMENT STATUS

- Employed full time
- Employed part time
- Self-employed
- Unemployed
- Unemployed due to disability
- Retired
- Other _____

MARITAL STATUS

- Divorced
- Married
- Never Married
- Separated
- Widowed

RACE/ETHNICITY

- Asian or Pacific Islander
- Black, not Hispanic/Latino origin
- Hispanic/Latino
- Native American or Alaskan Native
- White, not Hispanic/Latino origin
- Other _____

TYPE OF RESIDENCE

- Apartment
- Assisted living facility
- Single-family home/condominium
- State/veterans retirement home
- Nursing home
- VA hospital
- VA nursing home
- Other _____

SOURCE(S) OF INCOME

(check all that apply)

- Employment
- Gifts/Other
- Private pension
- Social Security
- VA compensation
- VA pension
- Worker's compensation

The Veterans Benefits Department advocates for quality health care for our members and can assist you to obtain the appropriate benefits available as a result of your military service. Is PVA presently your benefits representative? Yes No

If yes, I have no objection and hereby permit PVA Service Officers to provide information to the PVA National Membership Department that pertains to my qualifications for membership.

I declare that I have read and meet the qualifications. I understand that my membership could be revoked if any information provided is inaccurate.

Applicant's Signature

Date

12/9/14

Office Use Only

Date Received: _____

Member ID#: _____

Processed Date: _____