



# PARALYZED VETERANS OF AMERICA

## 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, 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](http://www.pva.org)

Chapter Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last 4 Digits of 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 month/date/year	End Date month/date/year		DD214 required (attach a <u>copy</u> to application)	
		<input type="checkbox"/> Still on Active Duty (DD214 Not Required)		
		<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 DISEASE

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

Date of diagnosis/onset of condition:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Specific disease:

- ☐ Multiple Sclerosis
- ☐ Poliomyelitis
- ☐ Amyotrophic diseases (lateral sclerosis, transverse myelitis)
- ☐ Syringomyelia
- ☐ Other (specify) \_\_\_\_\_

## LEVEL OF FUNCTION

Indicate your level of function:

☐ 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*

8/26/10

*Office Use Only*

*Date Received:* \_\_\_\_\_

*Member ID#:* \_\_\_\_\_

*Processed Date:* \_\_\_\_\_