



**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 for active duty service in the Army, Navy, Marine Corps, Air Force, or Coast Guard of the United States, or our allies as evidenced by other-than-dishonorable character of service documented by a verifiable DD-214 or DD-215 (entry-level separation not acceptable); (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 return application to the chapter of choice or by mail/email to: Paralyzed Veterans of America Membership Department, 801 Eighteenth Street, NW, Washington, DC 20006; (E) members@pva.org. Providing the requested information is entirely voluntary but required for membership with Paralyzed Veterans of America.***

Chapter Name: VAUGHAN

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_  Male  Female

**Race/Ethnicity:**

- Asian/Pacific Islander                       African American/Descent     Hispanic/Latino  
 Native American/Alaskan Native       Caucasian

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### VETERAN STATUS INFORMATION

**Please submit the following with application:**

- DD214 showing character of discharge.
- Medical evidence of spinal cord injury or involvement (medical records or physician's statement).

**Proof of active duty status must be verified prior to membership approval.**

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

If yes, please explain: \_\_\_\_\_

Are you a United States citizen?  Yes  No

Do you have a spinal cord injury or disease?  Yes  No If disease, specify: \_\_\_\_\_

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

If Paralyzed Veterans of America is your accredited representative, do you permit PVA Service Officers to provide information to PVA National Membership Department relative to your membership eligibility?  Yes  No

I declare under penalty of perjury that the foregoing is true and correct, that I have read and meet the qualifications and I understand that my membership could be denied or revoked if any information provided is inaccurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE MAIL TO:  
VAUGHAN PVA  
2235 Enterprise Drive, Ste 3501  
Westchester, IL 60154

# Physician's Statement Form

\_\_\_\_\_ is a veteran who has a spinal cord injury or disease.

His/her diagnosis is:

- Paraplegia
- Quadriplegia
- Brown Sequard Syndrome
- Cauda Equina Syndrome
- ALS
- Multiple Sclerosis (involving the spinal cord)
- Transverse Myelitis
- Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Title

\_\_\_\_\_  
Physician's Phone/Email

\_\_\_\_\_  
Date Signed