



## APPLICATION FOR BVAA NATIONAL MEMBERSHIP

If you are the spouse or friend of a blinded veteran, and are at least 18 years old, we invite you to join the BVA Auxiliary.

Dues are \$15.00 per year for membership in the National BVA Auxiliary

BVAA fiscal year runs from July 1<sup>st</sup>-June 30<sup>th</sup>. Any dues received after June 30<sup>th</sup> will be applied to the coming fiscal year.

### PLEASE PRINT CLEARLY

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name of the Blinded Veteran: \_\_\_\_\_

Please Check: Spouse: \_\_\_\_\_ Relative: \_\_\_\_\_ Friend: \_\_\_\_\_

Applicant's Birthday (month & day) \_\_\_\_\_

**Please make check out to "Blinded Veterans Association Auxiliary" and mail to:**

Carl Hytinen  
National BVAA Treasurer  
14 Marehaven Drive  
Seekonk, MA 02771-1924

**Additional Donations (optional):**

**General Fund:** \_\_\_\_\_

**Scholarship Fund:** \_\_\_\_\_

**Total:** \_\_\_\_\_

**The BVAA thanks you for your support.**