



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 1st-June 30th. Any dues received after June 30th 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.