



Paralyzed Veterans of America
Buckeye Chapter, Inc.
2775 Bishop Road, Suite B
Willoughby Hills, Ohio 44092

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www.buckeyepva.org

SPORTS ASSOCIATE MEMBERSHIP PROFILE

Please fill in the appropriate information. If the question does not apply to you, please ignore. His important information will enable Paralyzed Veterans of America, Buckeye Chapter to better serve you and allows effective implementation of our programs.

Last Name: _____ First Name: _____

Address: _____ City _____ State: _____ ZIP _____

Home Phone: _____ Cell Phone: _____

Email: _____ DOB: _____

Male _____ Female _____ Branch of Service (if applicable) _____

Was your military discharge Honorable _____ Dishonorable _____ General _____

I am interested in starting/renewing my Sports Associate Membership.

Sports Associate Dues: \$50.00 due October 1 of every year.

Make your check or money order payable to Paralyzed Veterans of America, Buckeye Chapter. If you wish to pay by credit card, call the Chapter office at 1-800-248-2548.

I am interested in the following activities: _____

Please complete the following information regarding your injury or disease:

Spinal Cord Injury _____ Amputee _____ Disease _____ Other _____

Please explain: _____

The information supplied will be held in the strictest confidence by Paralyzed Veterans of America, Buckeye chapter.