



Associate Membership Application

Mission Statement

The Paralyzed Veterans of America North Central Chapter (PVANCC) will improve the quality of life of our Military Veterans and others who have Spinal Cord Dysfunction through the use of Education, Communication, Advocacy, Legislation, Research & Education and Sports & Recreation.

PVANCC has several members and colleagues who volunteer their time in an effort to help us accomplish our mission. We encourage *Associate Membership* to those individuals interested in aiding our cause or who do not qualify for regular membership. **Associate Members have the same rights and privileges as our regular membership, except Associate Members do not have voting rights.**

Please provide the following:

First Name: _____ Middle Initial _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Email: _____

Please provide your Email to receive your newsletter and other important information

Circle One: Are you a Veteran? Yes No Do you have a spinal cord Injury or Disease? Yes No

Date of Birth: ____/____/____

Applicants Signature: _____ Date: _____

Please return this form to:

PVA North Central Chapter

209 N. Garfield Ave.

Sioux Falls, SD 57104

605-336-0494

Please check appropriate dues that will apply to you and enclose payment with application

October 1st, 20____ – September 30th, 20____

Annual Due - \$30.00 = _____

Life Time Membership - \$200.00 = _____