



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: NORTHWEST _____

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: ____ / ____ / ____



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 Printed Name

Physician's Title

Physician's Phone

Physicians Email

Date Signed



Northwest Chapter

What To Do For Your Free Membership, Subscription to PN Magazine, & B-Monthly Chapter Newsletter:

A copy of your DD214 showing “Type of Discharge” and the Medical Doctor Form, must be attached to the Northwest PVA Membership Application. If you don’t have your DD214 available, below is the link where in you can request your Discharge Papers(DD214) online, or on the link, you can print a form and mail or fax your request to the Veterans Service Records(fax & address provided online). It takes about two (2) weeks. If you are still on active duty, a copy of your military ID is required. (DD214 not required) If you make a mistake or want to fill out a new Application and Medical Form, go to www.nwpva.org, on the home page you can access the two(2) forms off the website.

(Link for DD214)

<http://www.archives.gov/veterans/military-service-records/>

Mail Documents To The President’s Office:

Northwest PVA
ATTN: Chapter President; Matthew Mickunas
616 SW 152nd Street, Suite B
Burien, WA 98166

You May Scan & Email Documents To:

matthew.mickunas@gmail.com

You May Also Fax Documents To:

Office Fax: 206-433-0749

Any Questions Call:

Office Manager: 206-241-1843