



## Paralyzed Veterans of America

Keystone Chapter

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### KEYSTONE PARALYZED VETERANS OF AMERICA LIFETIME ASSOCIATE/ANNUAL ASSOCIATE MEMBERSHIP APPLICATION

Lifetime Associate or Annual Associate Membership in the Keystone Chapter, Paralyzed Veterans of America (Keystone PVA) is open to individuals (veteran or non-veteran) with or without a spinal cord injury/disease. An Associate Member can be a voting member's family, friend, neighbor, or any individual who desires to help our paralyzed veterans. Associate Membership is also open to businesses who are interested in helping our veterans. Applications must be approved by the Keystone PVA Board of Directors. Applicants will be informed of their approval and receive their membership card via the U.S. Mail.

Annual membership runs from October 1 of the application year to September 30 of the following year (Keystone PVA fiscal year). Dues for Associate Membership are \$25 annually, \$250 lifetime, and are used to support Chapter programs that benefit our paralyzed veterans.

Keystone PVA Annual and Lifetime Associate Members and a guest are entitled to attend the Annual Awards Banquet, Kennywood Picnic and Keystone PVA-sponsored bass tournament at no cost. In addition, they receive the Chapter bi-monthly publication, *The Parascope*.

We urge our Associate Members to consider volunteering at their area VA medical facilities, Chapter events, or in any manner helpful to veterans. An Associate Member who volunteers for a total of 300 hours for Keystone PVA is automatically advanced to Lifetime Associate Membership status.

Please complete the following information and mail with your dues check, payable to Keystone PVA, to the Chapter's office at 1113 Main Street, Pittsburgh, PA 15215-2407. If you have any questions, please contact us at 412.781.2474 or 800.775.9323. Thank you and welcome to Keystone PVA!

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

WOULD YOU LIKE TO BE A VOLUNTEER: YES: \_\_\_\_\_ NO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_