



## ASSOCIATE MEMBERSHIP APPLICATION

**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 any individual who desires to help our paralyzed veterans. Associate Membership is also open to businesses who are interested in helping our veterans. All memberships must be approved by the Keystone PVA Board of Directors. Applicants will be informed of approval and receive membership cards via the U.S. Postal Service.

**Annual** Associate Membership runs from 01 October of the application year to 30 September of the following year (Keystone PVA's fiscal year). Dues for Annual Associate Membership are \$25 annually, payable on or about 01 October.

**Lifetime** Associate Membership is attained in one of four ways:

- Payment of annual associate membership dues 10 times.
- Payment of \$250 at one time, or the balance of \$250 if annual dues have been previously paid one or more times. For example, if annual dues have been paid five times, a single additional payment of \$125 would make the member eligible for Lifetime associate membership.
- Volunteering on behalf of Keystone PVA for at least 300 hours.
- Conversion and transfer of "life" membership to a spouse or other immediate family member as a lifetime associate membership upon the death of the "life" member.

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.

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!

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

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

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

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

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

\*Would you consider becoming a volunteer? (Your answer does not obligate you.) Yes: \_\_\_\_\_ No: \_\_\_\_\_

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