

Paralyzed Veterans of America
Minnesota Chapter

Life Associate Membership Application

(Upon approval by the Board of Directors)

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate: _____

Email: _____

Please Check Any of the Following Volunteer Activities That You May Be Interested In:

- | | |
|---|-------------------------------|
| _____ Sports Programs | _____ Family Time Activities |
| _____ VA Medical Center Programs | _____ Fund Raising Activities |
| _____ Public Relations Events | _____ Donation |
| _____ Other (please explain in comments section): | |

Comments: _____

Please return this application to:
Minnesota Paralyzed Veterans of America
1 Veterans Dr. SCI RM 238
Minneapolis, MN. 55417
(612) 467-2263