



Application to Transfer Membership

Paralyzed Veterans of America
Membership & Volunteer Program
1875 Eye Street, NW, Suite 1100 * Washington, DC * 20006
888-838-7782 * Direct Membership Line

TRANSFERRING MEMBER'S INFORMATION

First Name: _____ MI _____ Last Name: _____

Member Identification Number: _____ Social Security Number _____

Service connected injury or disease

Non-Service connected injury or disease

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____

Are you currently a member in good standing with your existing chapter? Yes ___ No ___

If you are currently a member of PVA, but are not assigned to a specific chapter, please check here [].

CHAPTER TRANSFER INFORMATION

Please transfer my membership.

From Chapter: _____

To Chapter: _____

Member's Signature: _____ Date: ___ / ___ / ___

GAINING CHAPTER USE ONLY

Chapter Name: _____

Membership Officer's Name: _____

Membership Officer's Signature: _____ Date: ___ / ___ / ___

NATIONAL OFFICE USE ONLY	
DATE RECEIVED	Processed by _____ Process Date ___ / ___ / ___

Reset Form