

FRG BLINDED VETERANS ASSOCIATION AUXILIARY

APPLICATION FOR MEMBERSHIP

If you are the spouse or friend of a blinded veteran, and are at least 18 years old,
we invite you to join the BVA Auxiliary.

Dues are \$15.00 per year

\$10 will be for membership in the National BVA Auxiliary
&

\$5 will be for membership in the Florida BVA Auxiliary

Name of the Blinded Veteran: _____

Name of Spouse or Friend: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone #:(_____) _____ - _____ e-mail: _____

Please mail Payment to:

Mrs. Diane Walczak
24263 Riverfront Drive
Port Charlotte, FL 33980

The Blinded Veterans Auxiliary thank you very much for supporting our Blinded Veterans.

A self addressed envelope would be very much appreciated, in order to receive your membership card.