



Paralyzed Veterans of America
Virginia Mid-Atlantic Chapter
11620 Busy Street Richmond, VA 23236
Phone (804) 378-0017 or 1-800-852-7639 Fax 804-378-0026

Virginia Mid-Atlantic Chapter, Paralyzed Veterans of America

Associate Membership Program
11620 Busy Street
Richmond, Virginia 23236
(804) 378-0017

Email: vapva@aol.com Website: www.vamapva.com

1. The Virginia Mid-Atlantic Chapter Paralyzed Veterans of America shall have an Associate Membership Program. The program will allow those interested persons who may not otherwise meet the qualifications for membership, to participate and contribute to the success of the chapter events and goals.
2. Associate Membership shall enjoy all the privileges of the regular membership of Virginia Mid-Atlantic with the exception of they may neither vote nor hold an elected office in the Virginia Mid-Atlantic Chapter. Request for funding to participate in Chapter events is required in writing eight weeks prior to the event and is at the board of director's discretion. All funding request are subject to the Chapter's financial position at the time of the request.
3. Eligibility of Associate Membership involves an interest in our goals and objectives, support for our organization, and a commitment to following policies and procedures when representing the chapter. There are currently no dues for Associate Membership. This may change in the future with notice.
4. Any individual or business entity who is a member in good standing of the community at large shall be eligible for Associate Membership upon the completion and processing of the membership application portion below.
5. The Board of Directors of the Virginia Mid-Atlantic Chapter shall screen all applications and shall have the right to terminate the membership of any Associate Member providing that the action is taken by a majority vote of the full Board of Directors.

I hereby apply for Associate Membership in the Virginia Mid-Atlantic Chapter Paralyzed Veterans of America. I have read, understand, and agree to all terms stated above.

(Please Print)

Name _____ (Sign) _____

Address _____

(Street)

(City, State, Zip)

Birth Date: _____ Home Telephone # (____) _____

Occupation: _____ Office telephone # (____) _____

I would like to assist the chapter in the following activities:

Fund raising

Sports

Membership

Housing

Legislation

Other (please specify)

Architectural Barriers

Referred by _____ Donations (optional) _____

Applicant approved _____ Applicant denied _____ Date: _____

Serving Virginia, Maryland, North Carolina, West Virginia and the Mid-Atlantic Region



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