



# PARALYZED VETERANS OF AMERICA CERTIFICATION OF MEMBERSHIP ELIGIBILITY

Attention: National Secretary

801 Eighteenth Street, NW \* Washington, DC 20006-3517  
800-424-8200 ext 776 \* 202-416-7776 \* 202-416-7622 tty \* 202-416-1250 fax

## PART 1: REQUEST FOR CERTIFICATION

I hereby request that my eligibility for membership in the Paralyzed Veterans of America be certified. I attest that the information on the attached documents is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Date

\_\_\_\_\_  
PVA Chapter

## PART 2: CHAPTER SECRETARY CERTIFICATION OF MEMBERSHIP ELIGIBILITY

Check appropriate box(es):

### Citizenship

- Birth Certificate
- Passport
- Immigration and Naturalization Form Number  
(Specify) \_\_\_\_\_
- Voter's Registration Form
- Other (specify) \_\_\_\_\_

### Active Duty Service in the Armed Forces and Character of Discharge, Other than Dishonorable

- DD 214
- Other (Specify) \_\_\_\_\_

## Medical Proof of Spinal Cord Injury or Disease

- Medical Records
- Physician's Statement
- Other (Specify) \_\_\_\_\_

I certify that I have personally examined the attached documents specified above that qualify the requester to be a member of the Paralyzed Veterans of America.

\_\_\_\_\_  
Signature of Certifier

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
PVA Chapter

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Acted Upon

## PART 3: NATIONAL SECRETARY CERTIFICATION OF MEMBERSHIP ELIGIBILITY

I certify that I have personally examined the documents provided by the requester and find him/her to be eligible for membership.

\_\_\_\_\_  
National Secretary's Signature (Seal)

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Acted Upon

### Caution to Chapter and National Secretaries

The documents provided by the requester are personal in nature and are for membership eligibility certification only. Information contained within these documents shall be treated with *extreme confidentiality and released only to those within PVA officially.*

Once Complete, make two (2) copies: Original to National Secretary  
1 - copy to Applicant      1 - copy to Chapter Secretary