



PARALYZED VETERANS OF AMERICA, BUCKEYE CHAPTER, INC.

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AFFILIATE MEMBERSHIP PROFILE

Note: Please fill in the appropriate information. If the question does not apply to you, please ignore. This important information will enable the Buckeye PVA to better serve you and allows effective implementation of our programs.

Last Name: _____ First Name: _____

Address: _____ State: _____ Zip: _____

City _____ Social Security # Last Four Digits: xxx-xx-_____

Home Phone _____ Work Phone: _____

Birth Date: _____ Male Female

Branch of Service: Army Navy Air Force Marines Coast Guard None

I am interested in renewing/starting my affiliate membership

\$15 Social Affiliate

\$35 Sports Affiliate

Make Check or Money Order Payable to Paralyzed Veterans of America, Buckeye Chapter

I am interested in the following activities: _____

CURRENT MARITAL STATUS

- Never Married Married
 Separated Widowed
 Divorced Other

NUMBER of DEPENDENTS

- Spouse _____
 Children _____
 Other _____

CITIZENSHIP

- United States
 Other: _____

RACE

- American Indian or Alaskan Native Asian or Pacific Islander
 Black, not Hispanic origin Hispanic
 White, not Hispanic origin Other (specify) _____

EDUCATION

- Less than high school graduate
 High school graduate/GED
 Some college or trade school
 College graduate
 Attended some graduate school
 Graduate degree
 Other (specify)

IF IN THE MILITARY SERVICE, COMPLETE THE FOLLOWING:

DATES OF SERVICE

Start of Service: _____

End of Service: _____

- Discharge
 Retirement

PERIOD(S) OF SERVICE

- World War I (April 6, 1917-April 1, 1920) World War II (Dec 7, 1941-July 26, 1947)
 Korean Conflict (June 27, 1950-Jan 31, 1955) Vietnam Era (Aug 5, 1964-May 7, 1975)
 Desert Storm (Aug 1, 1990-May 10, 1995) Peacetime

IF SPINAL CORD INJURY/DISEASE, COMPLETE THE FOLLOWING:

If you have a spinal cord disease:

Date of onset of disease condition:
/ /

Specific disease:

- Multiple sclerosis
 Poliomyelitis
 Amyotrophic diseases
(lateral sclerosis, transverse myelitis)
 Syringomyelia
 Other (specify): _____

If you have a spinal cord injury:

Date of injury: / /

Level of injury:

- C01-C08 Cervical
 T01-T12 Thoracic
 L01-L05 Lumbar
 S01-S05 Sacral

FUNCTIONAL LEVEL OF SCI

- Paraplegia Quadriplegia

INITIAL CAUSE OF SCI

- Vehicular
(auto, motorcycle, aircraft, bicycle, moped, watercraft)
 Violence
(gunshot, stabbing, explosion, person-to-person)
 Pedestrian (i.e. hit by car)
 Sports or Recreation (swimming, diving)
 Flying or falling object
 Falling or being pushed
 Medical/surgical complications
 Other traumatic injury