



**Paralyzed Veterans  
of America**

Buckeye Chapter

**Paralyzed Veterans of America  
Buckeye Chapter, Inc.  
26250 Euclid Avenue, Suite 115  
Euclid, Ohio 44132  
(216) 731-1017 • (800) 248-2548 • Fax (216) 731-6404**

[www.buckeyepva.org](http://www.buckeyepva.org)

### SPORTS ASSOCIATE MEMBERSHIP PROFILE

Please fill in the appropriate information. If the question does not apply to you, please ignore. His important information will enable Paralyzed Veterans of America, Buckeye Chapter to better serve you and allows effective implementation of our programs.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Branch of Service (if applicable) \_\_\_\_\_

Was your military discharge Honorable \_\_\_\_\_ Dishonorable \_\_\_\_\_ General \_\_\_\_\_

I am interested in starting/renewing my Sports Associate Membership.

**Sports Associate Dues: \$50.00 due October 1 of every year.**

Make your check or money order payable to Paralyzed Veterans of America, Buckeye Chapter. If you wish to pay by credit card, call the Chapter office at 1-800-248-2548.

I am interested in the following activities: \_\_\_\_\_

\_\_\_\_\_

Please complete the following information regarding your injury or disease:

Spinal Cord Injury \_\_\_\_\_ Amputee \_\_\_\_\_ Disease \_\_\_\_\_ Other \_\_\_\_\_

Please explain: \_\_\_\_\_

The information supplied will be held in the strictest confidence by Paralyzed Veterans of America, Buckeye chapter.