

Arizona Chapter PVA
Chapter Associate Membership Program

1. Arizona Chapter, Paralyzed Veterans of America shall have an Associate Membership Program to allow those interested persons who might otherwise not meet the qualifications for membership to participate and contribute to the success of the purposes and goals of the Arizona Chapter and the Paralyzed Veterans of America.
 2. Associate Members shall enjoy all the privileges of the regular membership of APVA with the exceptions that they may neither vote nor may they hold an elected office in the Arizona Chapter.
 3. The period of membership for Associate Members shall be the same as that of the normal dues period for regular members and shall correspond to all appropriate sections of the National By-Laws and Administrative Guide. *There are currently no dues for Associate Membership.*
 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 of the appropriate membership application and payment of the required dues.
 5. The Board of Directors of Arizona chapter shall screen all applicants 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 and that a pro-rata refund is made of the Associate Member's dues.
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Arizona Chapter
Associate Membership Application
Paralyzed Veterans of America
8126 N. 23rd Ave., Ste. J
Phoenix, AZ 85021
e-mail azpva@azpva

I hereby apply for Associate Membership in the Arizona Chapter, PVA, and I understand that I shall enjoy all the privileges of the regular membership with the exceptions that I may neither vote nor hold an elected office in the Chapter.

(Please Print)

Name _____

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

_____ Membership

_____ Legislation

_____ Architectural Barriers

_____ Sports

_____ Housing

_____ Other (please describe)

Signature