



**NORTH CENTRAL CHAPTER
PARALYZED VETERANS OF AMERICA**

ASSOCIATE MEMBERSHIP APPLICATION PROFILE

First Name: _____ Middle Initial _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ : Email: _____

Date of Birth: ____/____/____ Are you a Veteran? () Yes () No

Please check the following activities in which you would be interested in volunteering:

_____ Membership Program	_____ Sioux Falls VA Volunteer Program
_____ Advocacy Program	_____ Fundraising
_____ Sports & Recreation Program	_____ Hospital Liaison

Applicants Signature: _____ Date: _____

Please return this form to:

North Central Chapter PVA
209 N. Garfield Ave.
Sioux Falls, SD 57104
605-336-0494