

Buckeye Paralyzed Veterans of America
C/o OWSA
P.O. Box 14308
Columbus Ohio 43214

Affiliate Membership Form

NAME _____

ADDRESS _____

Phone number _____

Are you renewing/new (circle) Yes / No

Are you a veteran? Yes / No (circle)

What sports or activities are you interested in getting information about from BPVA

Please attach a check for \$35 made out to Buckeye PVA. Please send to the above address.
