



Michigan Paralyzed Veterans of America (MPVA)
46701 Commerce Center Drive
Plymouth, Michigan 48170
(248) 476-9000
www.michiganpva.org

**Michigan Paralyzed Veterans of America (MPVA)
Associate Membership Letter and Application**

Dear Prospective Member,

Michigan Paralyzed Veterans of America (MPVA) invites you to join and support our mission of improving the lives of veterans with spinal cord injuries or disease and others living with disabilities.

Since 1961, MPVA has served Michigan by “making a difference” in the lives of veterans, their families, and the public. MPVA is a **501(c)(3) tax-exempt nonprofit organization** dedicated to enhancing the quality of life for veterans with spinal cord injury or disease, as well as all citizens with disabilities, by advocating for civil rights, assuring quality health care, and supporting recreation, research, education, and healthy living.

MPVA is a member chapter of the Washington, D.C.–based Paralyzed Veterans of America, which includes **33 chapters and over 16,000 members across the United States**.

MPVA offers **two types of individual membership**:

Life Membership – Honorably discharged veterans of the United States Armed Forces who have sustained a spinal cord injury or disease either during or after military service.

Associate Membership – Individuals who support MPVA’s mission but are not eligible for life membership. Associate members often include family members and friends of members, veterans without spinal cord injuries, individuals with disabilities who are not veterans, and community supporters.

Associate members receive many of the same benefits as voting members, including MPVA’s quarterly newsletter *Rollin’ Times* (via email when provided), admission to MPVA events, and access to many of the programs and resources available to members. Associate members may attend membership meetings but may not vote or serve on the Board of Directors.

All Associate Member applications are reviewed by the MPVA Board of Directors. The Board reserves the right to approve or terminate Associate Membership by majority vote of the full Board.

If you are interested in joining MPVA, please complete the application below and return it by **mail or email**:

Michigan Paralyzed Veterans of America
46701 Commerce Center Drive
Plymouth, Michigan 48170

Email: chapterhq@michiganpva.org

* As of **February 19, 2026**, the one-time Associate Membership fee has been **waived for the 2026 calendar year**, subject to change at the discretion of the MPVA Board of Directors.

We appreciate your interest in supporting MPVA and helping us continue to serve veterans and individuals with disabilities throughout Michigan.

Sincerely,

Michigan Paralyzed Veterans of America



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Associate Membership Application

Please provide the following information:

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gender: Male Female Are you a U.S. citizen? Yes No Date of Birth: _____

Do you identify as a person with a disability? (optional – not required for Associate Membership) Yes No

If yes and you wish to share, please describe (optional):

Are you a veteran with an honorable discharge? (veteran status not required for Associate Membership) Yes No

If yes, Branch: Army Air Force Navy Marine Corps Coast Guard Space Force

Dates of Service: _____

Volunteer Interests: I may be interested in assisting MPVA in the following areas:

(Checking a box does not obligate you to volunteer. It simply helps us understand your interests)

- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Sports & Recreation | <input type="checkbox"/> Membership Outreach | <input type="checkbox"/> Legislation / Advocacy |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Architectural Barriers | <input type="checkbox"/> Events / Event Support | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Other: _____ | | | |

Member Consent & Communication Preferences

I certify that the information provided in this application is accurate to the best of my knowledge. I support the mission of MPVA and understand that Associate Membership is subject to review and approval by the Board of Directors. By signing below, I acknowledge and agree to the following:

- MPVA may contact me regarding newsletters, events, and chapter updates.
- MPVA may use photographs taken at MPVA events that may include my image for promotional or informational purposes.

Typed Signature (full name): _____ Date: _____

Please complete the information above and return the form by email to chapterhq@michiganpva.org or by mail to:

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