

Receipt

Date _____

Paid by _____

Amount Paid \$ _____

Cash Check Money Order Credit Card

Payment Type

New Full-Paid Life New (\$40) Payment

Rec'd by _____

signature

The full cost for DAV Life Membership is based on the applicant's age at the time of application. Life membership payments are non-refundable and are not tax deductible.

Age	Life Amount
40 or Younger	\$250
41 thru 60	\$230
61 thru 70	\$180
71 thru 79	\$140
Over 80	FREE



Life Membership requires a minimum down payment of \$40. The remaining balance is paid in interest-free quarterly payments. All dues payments received are applied to your life membership account. Apply online for as little as \$10 at dav.org/membership/join-dav.

Membership Application

Date _____

Last Name _____ First Name _____ M.I. _____ Spouse's Name _____

Address _____ Member Code No. _____

City/Town _____ State _____ ZIP _____ Gender: Male Female

Date of Birth _____ / _____ / _____ Date Enlisted _____ / _____ / _____ Branch _____ Date Discharged _____ / _____ / _____
Month Day Year Month Day Year Month Day Year

Rank _____ Service-Connected Disability _____ % Receiving VA Comp. VA Pension Service Retirement

Eligibilities: Amputee Visually Impaired Hearing Impaired POW Purple Heart Other

Chapter Preference 20 Haverhill, MA Department Preference Massachusetts Sponsor's Code No. 20020L013512

Sponsor's Name Russell Chaput Sponsor's Phone No. (978) 374-6980 Sponsor's ZIP 01830

Applicant's Phone No. (____) _____ Email _____

Applicant's Signature _____ Amt. Paid \$ _____ New Payment

Payment Type: Check # _____ Cash MO Visa MC Discover AmEx Name on Card _____

Credit Card No. _____ - _____ - _____ Exp. Date _____

Mail application and payment to:
National Headquarters, P.O. Box 145550, Cincinnati, OH 45250-5550
Toll Free 888-236-8313

Billing Address _____