



Receipt

Date _____

Amount Paid \$ _____

Cash Check Money Order Credit Card

For _____
Name of Member

NEW LIFE **LIFE PAYMENT**
(\$20 Down Payment)

NEW JUNIOR
(Complimentary)

JUNIOR LIFE **JUNIOR LIFE PAYMENT**
(\$20 Down Payment)

Life membership rate: \$250

Age 80 and older: Free

Life membership may be obtained with a \$20 down payment. Note: Billing will occur quarterly based on outstanding balance.

I HAVE RECEIVED PAYMENT OF THE ABOVE AMOUNT.

Sponsor's Signature



National Headquarters
860 Dolwick Drive
Erlanger, KY 41018

Toll Free 877-426-2838, Opt. 5
davauxiliary.org
dava@dav.org

Membership Application

Date _____

MEMBERSHIP CODE NUMBER (FOR PAYMENTS ONLY)

Membership Application in **Unit No.** _____ **State** _____

Ms. Mrs. Mr. Name _____ DOB ____/____/____
REQUIRED

Address _____ City _____

State _____ ZIP _____ Phone (____) _____ Email _____

NEW LIFE **LIFE PAYMENT** **NEW JUNIOR** **JUNIOR LIFE** **JUNIOR LIFE PAYMENT**
(\$20 Down Payment) (Complimentary) (\$20 Down Payment)

AMT PAID \$ _____

Eligibility Through _____ Relationship _____

Sponsor's Name _____ Sponsor Membership No. _____

Credit Card Information:

Name on Card _____
(if different from above)

Address _____
(if different from above)

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

Select Monthly Payment Amount: \$10 \$20 \$30 Other - Indicate \$ _____