FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

For a limited time, the chapter will pay the first $200.00 of a paid lifetime membership* The rate shown below is only good on applications received prior to June 15, 2027

DAV Membership Application

Mail application to:
DAV Minneapolis Chapter 1
PO Box 17037
Minneapolis MN 55417

Age 80 & over Free
Age Under 80 $325

Chapter #1pay $100 and DAV of MN Pays $100 for a total of $200
Life Member Pays $125

Please complete the application below, detach and retain the receipt for your records.

After a minimum down payment of $40 toward your life membership, you will receive your membership card. The remaining balance is paid in interest-free installments. All dues payments received are applied to your life membership account. Apply online for as little as $10 with a recurring monthly credit card payment at dav.org/membership/join-dav. **Thank you for becoming a member!**

DAV life membership = $325 | Veterans age 80 or older = FREE
Life membership payments are non-refundable and are not tax deductible.

ACCREDITED CHARITY BBB give.org

Receipt

Date _____

Name _____

Payment Type
☐ Single payment (cash/check/credit card): ○ Full payment ($325) ○ Down payment ($40)
☐ Monthly Recurring Payments (credit card only)
Select Monthly Payment Amount: ○ $10 ○ $25 ○ $50 ○ $100
Choice of installment may result in adjusted final payment amount.

Amount Paid $ _____

Payment Method ☐ Cash ☐ Check ☐ Money Order ☐ Credit Card

Rec'd by _____
signature

Membership Application (Membership eligibility information is on the back of this application.)

Date _____

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

Address _____

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

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

Date of Birth ____/____/____ (Month/Day/Year) Date Enlisted ____/____/____ (Month/Day/Year) Branch _____ Date Discharged ____/____/____ (Month/Day/Year)

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

Check all that apply: ☐ Amputee ☐ Visually Impaired ☐ Hearing Impaired ☐ POW ☐ Purple Heart ☐ Gassed ☐ Agent Orange ☐ PTSD ☐ Gulf War Illness ☐ TBI ☐ Burn Pits

Department Preference _____ Chapter Preference _____ Sponsor's ID No. _____

Sponsor's Name _____ Sponsor's Phone No. (_____) _____ Sponsor's ZIP _____

Applicant's Signature _____ Amt. Paid $ _____

☐ Single payment: ○ Full payment ($325) ○ Down payment ($40)
☐ Monthly Recurring Payments (credit card only):
Select Monthly Payment Amount: ○ $10 ○ $25 ○ $50 ○ $100
Choice of installment may result in adjusted final payment amount.

Payment Type: ☐ Check # _____ ☐ Cash ☐ MO ☐ Visa ☐ MC ☐ Discover ☐ AmEx

Name on Card _____

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

Billing Address _____