

****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 Dec. 15, 2026***

DAV Membership Application

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

Age 80 & over Free
Age Under 80 \$325

Chapter #1 pays \$100/Department 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.



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 ____/____/____ 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

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):

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

Select Monthly Payment Amount: ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100

Choice of installment may result in adjusted final payment amount.

Name on Card _____

Credit Card No. _____ Exp. Date _____

Billing Address _____