



***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, 2025**

DAV Membership Application

Age 80 & over Free
Age Under 80 \$325

Chapter #1/Depart Pays \$200
Life Member Pays \$125

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

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 _____