

DISABLED AMERICAN VETERANS

Keeping Our Promise to America's Veterans

Life Membership Application

DAV Chapter 4, Minot

Age 80 and older..... Free
All others..... \$150*

**New member cost share*

T-shirt size (circle one)

S M L XL 2XL 3XL 4XL

Mail Completed Application TO:
Skip Gjerde
DAV Chapter #4 Minot
P.O. Box 32 Minot, ND 58702-0032
Email: minotdavchptr4@hotmail.com
Tel: (701)509-1834

Last Name, First Name and Middle Initial

Spouse's First Name

Mailing Address

City, State, Zip Code

email address

Telephone Number

☐ Male ☐ Female

Birth Date

Date Enlisted/Appointed

Date Honorably Discharged

Branch of Service

Highest Rank Held

Service-Connected Disability: ____%

Campaign/Expeditionary Medals Awarded

****Please Check All that Apply****

Purple Heart Medal: ☐

Visually Impaired: ☐

Disability Discharge: ☐

Ex-POW: ☐

Hearing Impaired: ☐

Injured During Military Service: ☐

Vocational Training: ☐

Agent Orange: ☐

Injury Aggravated During Service: ☐

Amputee: ☐

PTSD/TBI: ☐

Receiving VA Compensation: ☐

Tuberculosis: ☐

Burn Pits: ☐

Receiving VA Pension: ☐

Gassed: ☐

Gulf War Illness: ☐

Receiving Military Retired Pay: ☐

Date of Application: _____

Chapter 4 Minot-Department ND

Sponsor's Name and Code Number: _____

☐ Personal payment amount: \$150.00 ☐ Department cost share: \$100.00

☐ Chapter cost share: \$75.00 ☐ Total paid with application: \$325.00

☐ Charge my credit card in the amount of: \$ _____ ☐ One Time ☐ Monthly Until Fully Paid

☐ Master Card

☐ Visa

☐ American Express

☐ Discover Card

Card Number: _____ Expiration Date: _____ CVV: _____

Billing Address: _____

Signature of Applicant: _____