



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 833-368-1220  
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**  
((\$20 Down Payment))

**NEW JUNIOR**  
Signature Required  
(Complimentary)

**JUNIOR LIFE**  
Signature Required  
(\$20 Down Payment)

**JUNIOR LIFE PAYMENT**  
Signature Required

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 \$ \_\_\_\_\_

#### Signature required by Parental/Legal Guardian for junior members:

I certify that I am 18 years of age or older. I am the parent or legal guardian of the minor named in this membership application. I have the legal right to consent to and, and I hereby do consent to the minor named herein becoming a member of DAV Auxiliary. I further consent and agree that the company may collect and use my child's personal and nonpersonal information for purposes of this membership and in accordance with the DAV's Privacy Policy unless and until I contact the DAV Auxiliary to revoke or alter my consent. I understand that my consent to these provisions is given in consideration of the acceptance of the minor's membership application.

\_\_\_\_\_  
Signature