



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  
3725 Alexandria Pike  
Cold Spring, KY 41076

Toll Free 877-426-2838, Opt. 5  
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**  **NEW JUNIOR**  **JUNIOR LIFE**  **JUNIOR LIFE PAYMENT**  
(\$20 Down Payment) (Complimentary) (\$20 Down Payment)

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