

Our mission is carried forward by:

- Providing free, professional assistance to veterans and their families in obtaining benefits and services earned through military service and provided by the Department of Veterans Affairs (VA) and other agencies of government.
- Providing outreach concerning its program services to the American people generally, and to disabled veterans and their families specifically.
- Representing the interests of disabled veterans, their families, their widowed spouses and their orphans before Congress, the White House and the Judicial Branch, as well as state and local government.
- Extending DAV’s mission of hope into the communities where these veterans and their families live through a network of state-level Departments and local Chapters.
- Providing a structure through which disabled veterans can express their compassion for their fellow veterans through a variety of volunteer programs.



Partner with



Become a Member
at
Disabled American Veterans
East Valley Chapter 8

DAV Mission

We are dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. We accomplish this by ensuring that veterans and their families can access the full range of benefits available to them; fighting for the interests of America’s injured heroes on Capitol Hill; and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life.

655 N. Gilbert Rd
Mesa, AZ 85203
480.890.2424
AZDAV08.org

Joining DAV at Chapter 8 includes a **\$40.00 discount** off the regular LIFE MEMBERSHIP!

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)

Payment Type: ☐ Check # _____ ☐ Cash ☐ MO ☐ Visa ☐ MC ☐ Discover ☐ AmEx ☐ Monthly Recurring Payments (credit card only):
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 _____

Mail application and payment to:

National Headquarters, P.O. Box 145550,
Cincinnati, OH 45250-5550 | Toll Free 888-236-8313

The Chapter is open Monday – Friday from 0900-1400

Chapter General Meetings are held the second Saturday of each month
with lunch served at 1100 and the meeting starting at 1200
at Grace United Methodist Church, 2024 E. University Dr., Mesa, AZ 85213