



Receipt



National Headquarters
3725 Alexandria Pike
Cold Spring, KY 41076

Toll Free 877-426-2838, Opt. 5
davauxiliary.org
dava@dav.org

Membership Application

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

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)

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 \$ _____

MEMBERSHIP CODE NUMBER (FOR PAYMENTS ONLY)

AMT PAID \$ _____