



Receipt



National Headquarters
3725 Alexandria Pike
Cold Spring, KY 41076

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

Membership Application

Date _____

Amount Paid \$ _____

Cash Check Money Order Credit Card

For _____
Name of Member

Life membership is based on the applicant's age as of the current membership year

AGE	LIFE AMOUNT
80 or older	Free
71-79	\$140
61-70	\$180
46-60	\$200
31-45	\$230
Birth-30	\$250

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 (\$20 Down Payment) **LIFE PAYMENT** **NEW JUNIOR** (Complimentary) **JUNIOR LIFE** (\$20 Down Payment) **JUNIOR LIFE PAYMENT**

AMT PAID \$ _____

IF THIS IS A LIFE MEMBERSHIP PAYMENT, SKIP TO THE SIGNATURE LINE.

Eligibility through _____ Relationship _____

SPONSOR'S SIGNATURE

APPLICANT'S SIGNATURE

SPONSOR'S CODE NUMBER

AE/VISA/MC/DISCOVER #

SEND WHITE COPY ONLY TO AUXILIARY NATIONAL HEADQUARTERS

EXP. DATE

Date _____

MEMBERSHIP CODE NUMBER (FOR PAYMENTS ONLY)