

DISABLED AMERICAN VETERANS

Keeping Our Promise to America's Veterans

Life Membership Application

Once a Member Always a Member

Adam Klein Chapter #3

www.aklein3dav.org

Age 80 and older..... Free
All others..... \$125*

**New member cost share*

Mail completed application to:

Adam Klein Chapter #3

Disabled American Veterans

P.O. Box 915

Bismarck, ND 58502-0915

email: aklein3dav@gmail.com

Last Name, First Name and Middle Initial

Spouse's First Name

Mailing Address

City, State, Zip Code

email address

Telephone Number

Male Female

Birth Date

Date Enlisted/Appointed

Date Honorably Discharged

Branch of Service

Highest Rank Held

Service-Connected Disability: _____%

Campaign/Expeditionary Medals Awarded

****Please Check All that Apply****

Purple Heart Medal:	<input type="checkbox"/>	Visually Impaired:	<input type="checkbox"/>	Disability Discharge:	<input type="checkbox"/>
Ex-POW:	<input type="checkbox"/>	Hearing Impaired:	<input type="checkbox"/>	Injured During Military Service:	<input type="checkbox"/>
Vocational Training:	<input type="checkbox"/>	Agent Orange:	<input type="checkbox"/>	Injury Aggravated During Service:	<input type="checkbox"/>
Amputee:	<input type="checkbox"/>	PTSD/TBI:	<input type="checkbox"/>	Receiving VA Compensation:	<input type="checkbox"/>
Tuberculosis:	<input type="checkbox"/>	Burn Pits:	<input type="checkbox"/>	Receiving VA Pension:	<input type="checkbox"/>
Gassed:	<input type="checkbox"/>	Gulf War Illness:	<input type="checkbox"/>	Receiving Military Retired Pay:	<input type="checkbox"/>

Date of Application: _____

Chapter: Adam Klein #3, Bismarck, ND

Sponsor's Name and Code Number: _____

Personal payment amount: \$125.00 Department cost share: \$100.00

Chapter cost share: \$100.00 Total paid with application: \$325.00

Charge my credit card in the amount of: \$ _____ One Time Monthly Until Fully Paid

Master Card Visa American Express Discover Card

Card Number: _____ Expiration Date: _____ CVV: _____

Billing Address: _____

Signature of Applicant: _____

DAV Membership Eligibility

Membership is open to any veteran wounded, gassed, injured or disabled in the line of duty during time of war and to persons who have been awarded expeditionary or campaign medals. "During time of war" shall include the following periods of service:

World War II and Korea.....09/16/40–01/31/55

Vietnam and other engagements.....01/31/55–10/14/76

Iranian Crisis, Lebanon Crisis, Invasion of Grenada, Invasion of Panama and other engagements11/04/79–01/31/90

Persian Gulf Crisis, Somalia, Haiti, Bosnia, Iraq, Afghanistan and other engagements08/02/90–until terminated by Presidential Proclamation or Congressional resolution

The requirement "during time of war" may also be met if it is determined that the applicant's wound, injury or disability was incurred:

- 1) at any time as a direct result of armed conflict.
- 2) while engaged in extra-hazardous service under conditions simulating war.
- 3) while the United States was engaged in any war.