

# 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*

**T-shirt size (circle one)**

S M L XL 2XL 3XL 4XL

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 engagements .....11/04/79–01/31/90

Persian Gulf Crisis, Somalia, Haiti, Bosnia, Iraq, Afghanistan and other engagements .....08/02/90–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.