



DAV EMPOWERS VETERANS

RESPECT

ADVOCACY

HONOR

SUPPORT

COMMITMENT

DAV's Membership Department: How We Can Serve You December 11, 2018[★]

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FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

Membership Department

- Membership Applications
- Payments (CC, Checks, MO)
- Membership Cards
- Chapter Charter Kits
- Officer Reports and AFRs
- Membership System
- Member Portals
- Hot List Requests
- Social Media Content
- DAV's Call Center (No Wrong Door)

Online Membership Application

You can access the DAV online membership application on any personal computer, smartphone, or tablet. If you have a device with internet access, you always have a DAV membership application!

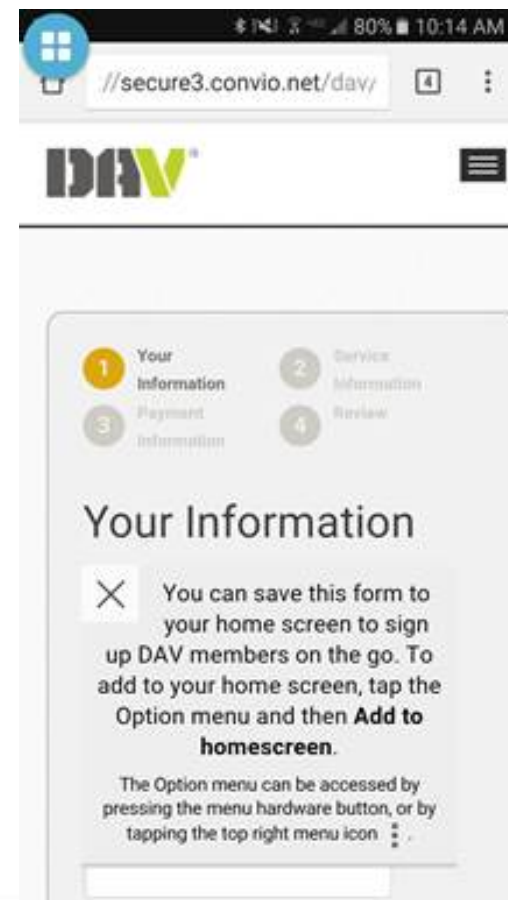
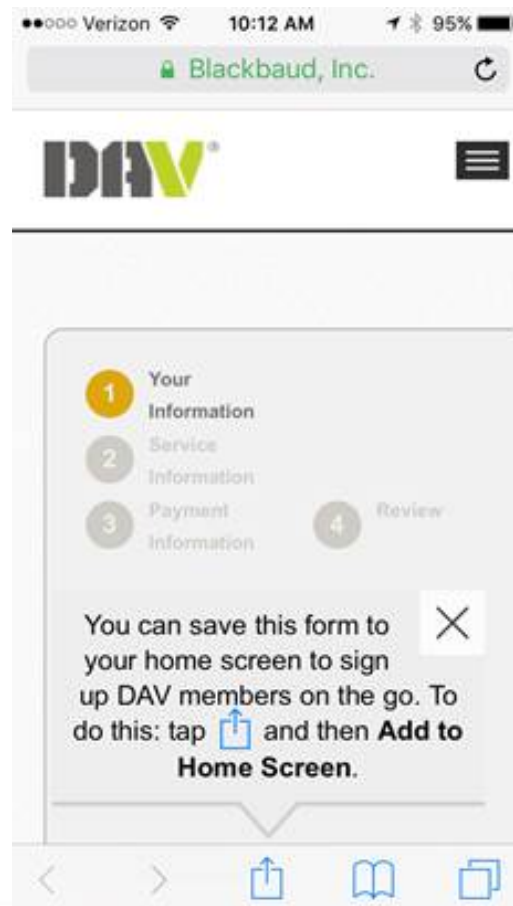
Access the Webinar in the Members Only Section.



FirstNameLastNameZipCode@davdonor.org
DouglasWells41042@davdonor.org

Mobile Device Application

dav.org/memberapp



New Membership Application

After a minimum down payment of \$40 toward your life membership, you will receive your membership card. The remaining balance is paid in interest-free quarterly payments. All dues payments received are applied to your life membership account. Apply online for as little as \$10 with a recurring monthly credit card payment at dav.org/membership/join-dav. Thank you for becoming a member.



The full cost for DAV Life Membership is based on the applicant's age at the time of application.

Age	Life Amount
40 or Younger	\$250
41 thru 60	\$230
61 thru 70	\$180
71 thru 79	\$140
Over 80	FREE

Receipt _____ Date _____

Name _____

Payment Type

New Membership

Full Life Amt. (see chart) Down Payment (\$40)

\$10 recurring monthly payment (credit card only)

Installment

Amount Paid \$ _____

Payment Method Cash Check Money Order Credit Card

Rec'd by: _____ signature

Membership Application

Date _____

Last Name _____ First Name _____ M.I. _____ Spouse's Name _____

Address _____ Member Code No. _____

City/Town _____ State _____ ZIP _____ Gender: Male Female

Date of Birth _____ / _____ / _____ Date Enlisted _____ / _____ / _____ Branch _____ Date Discharged _____ / _____ / _____

Rank _____ Service-Connected Disability _____ % Receiving VA Comp. VA Pension Service Retirement

Eligibilities: Amputee Visually Impaired Hearing Impaired POW Purple Heart Other

Chapter Preference _____ Department Preference _____ Sponsor's Code No. _____

Sponsor's Name _____ Sponsor's Phone No. (____) _____ Sponsor's ZIP _____

Applicant's Phone No. (____) _____ Email _____

Applicant's Signature _____ Amt. Paid \$ _____ New Installment Payment

Payment Type: Check # _____ Cash MO Visa MC Discover AmEx \$10 recurring monthly payment (credit card only)

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
Life membership payments are non-refundable
and are not tax deductible.*

- \$10 Monthly Payment
- Credit Card is Required
- Ensure Applications are Complete



New Membership Application

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.

901318 (9/18)



- \$10 Monthly Payment
- Credit Card is Required

Payments

- Credit Cards
- Checks
- Money Orders



Membership Cards



Chapter Charter Kits



- Request Kit
- 25 New Members
- Return to HQ
- NEC Approval



DAV Officer Report



Officer Report

(Please Type or Print)

Chapter or Department _____

Location - City _____ State _____

Date of Annual Election _____ Date of Installation _____

Address of Regular Meetings _____

Time & Day of Regular Meetings _____
Time / Day / Week of Month

Web Site Address _____ Chapter Phone _____

Officers Elected For Year Beginning _____ 20 _____ Ending _____ 20 _____

Commander

Name _____

Mailing Address _____

City/State/Zip _____

Member Code# _____ Phone (____) _____

Email _____ Fax (____) _____

Benefits Protection Team Leader

Name _____

Mailing Address _____

City/State/Zip _____

Member Code# _____ Phone (____) _____

Email _____ Fax (____) _____

Sr. Vice Commander

Name _____

Mailing Address _____

City/State/Zip _____

Member Code# _____ Phone (____) _____

Email _____ Fax (____) _____

Membership Chairman

Name _____

Mailing Address _____

City/State/Zip _____

Member Code# _____ Phone (____) _____

Email _____ Fax (____) _____

1st Jr. Vice Commander

Name _____

Mailing Address _____

City/State/Zip _____

Member Code# _____ Phone (____) _____

Email _____ Fax (____) _____

Service Officer *(If more than one is appointed, attach/upload additional page.)*

Name _____

Mailing Address _____

City/State/Zip _____

Member Code# _____ Phone (____) _____

Email _____ Fax (____) _____

Adjutant

Name _____

Mailing Address _____

City/State/Zip _____

Member Code# _____ Phone (____) _____

Email _____ Fax (____) _____

Officer Authorized to Receive Mail

Name _____

Office Held _____

Address for CHP, Mail _____

City/State/Zip _____

Phone (____) _____ Fax (____) _____

Email _____

Treasurer

Name _____

Mailing Address _____

City/State/Zip _____

Member Code# _____ Phone (____) _____

Email _____ Fax (____) _____

The Preceding Names and Positions Are Hereby Certified

(Form Must be Certified by the New Commander & Adjutant)

Signed by _____
 Commander: _____ Date: _____

Signed by _____
 Adjutant: _____ Date: _____

This form must be completed and returned to National Headquarters within 10 days after installation in compliance with Art. 8, Sec. 8.3, Art. 9, Sec. 9.2 and Art. 10, Sec. 10.2, of the DAV National Bylaws.
 Toll Free: 888-236-8313 • Fax: 1-859-442-2088 • www.dav.org • Email: membershipinfo@davmail.org

Mail to: DAV National Headquarters • P.O. Box 145550 • Cincinnati, Ohio 45250-5550

901306 (6/14)



DAV Officer Report

- Entire report must be completed, unless revision, then only specific portion must be completed
- Elected or appointed officers must be active members of that specific chapter
- Must be signed by both incoming Commander and Adjutant
- Can provide attachment listing additional service officers
- Must be submitted annually within 10 days after installation, regardless if there are changes or not
- .pdf fillable

Annual Financial Reports

DAV® FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

Annual Financial Report

Chapter _____ Department of dhtryeh
Name & Number Name of State
 Located at _____ Accounting Period from July 1, _____ to June 30, _____
City State

Cash (Liquid Assets) Report

Beginning Balance	\$ _____
<small>(Total Liquid Assets from line 27 of last year's report)</small>	
This Year's Gross Income/Receipts (net values are not permitted):	
1. Dues Per Capita from National Headquarters	\$ _____
2. Forget-Me-Not Drive Receipts	_____
3. Bingo Gross Receipts	_____
4. Thrift Store Gross Receipts	_____
5. Bar/Lounge Gross Receipts	_____
6. Interest & Dividend Income from Checking, Savings & C.D.s	_____
7. All Funding From the National Organization <i>(Department use only)</i>	_____
8. Increase in Market Value of Investments on Line 26 during Accounting Period	_____
9. Other Income <i>(Attach required schedule)</i>	_____
10. Total Income (Sum of Lines 1 thru 9) (Do not include Beginning Balance amount)	\$ 0.00

*** Chapters: The report must be reviewed by a certified public accountant if the total of Lines 2 thru 9 exceeds \$300,000. ***
 *** Departments: The report must be reviewed by a certified public accountant if the amount shown on line 10 minus the amounts shown on lines 1 and 7 exceeds \$300,000. ***

This Year's Expenses/Disbursements (net values are not permitted):

11. Salaries, Payroll Taxes & Employee Benefits for Administrative Personnel Only <i>(Attach required schedule)</i>	\$ _____
12. Conventions/Conferences/Seminars <i>(Attach required schedule listing specific events and amounts)</i>	_____
13. Postage & Office Supplies <i>(Administrative and non-service related postage & office supplies)</i>	_____
14. Service/Charitable <i>(Complete and attach required Service/Charitable Expenses Schedule form)</i>	_____
15. Forget-Me-Not Expenses <i>(Cost of drive only)</i>	_____
16. Bingo Expenses, including bingo salaries & payroll taxes <i>(Attach required schedule)</i>	_____
17. Thrift Store Expenses, including thrift store salaries & payroll taxes <i>(Attach required schedule)</i>	_____
18. Bar/Lounge Expenses, including bar/lounge salaries & payroll taxes <i>(Attach required schedule)</i>	_____
19. Chapter Home/Department HQ Expenses <i>(Attach required schedule)</i>	_____
20. Decrease in Market Value of Investments on Line 26 during Accounting Period	_____
21. Other Expenses <i>(Attach required schedule)</i>	_____
22. Total Expenses (Sum of Lines 11 thru 21)	\$ 0.00

Ending Balance \$ 0.00
(Beginning Balance plus Line 10 minus Line 22)

Statement of Liquid Assets:
 Liquid assets are those assets which are readily convertible to cash, and do not include real or physical property such as real estate or furniture and fixtures. If applicable, complete and attach Other Assets Schedule form (901932 - Rev. 5/17) to this report.

23. Checking Accounts <i>(Attach copy of bank statement)</i>	\$ _____	Cash on Hand \$ _____	\$ 0.00
24. Savings Accounts <i>(Attach copy of bank statement)</i>	_____		
25. Certificates of Deposit <i>(Attach copy of bank statement or letter from financial institution verifying value)</i>	_____		
26. Market Value of Investments as of End of Accounting Period <i>(Attach copy of investment statement)</i>	_____		
27. Total Liquid Assets (Sum of Lines 23 thru 26) (Must equal amount on Ending Balance Line)	\$ 0.00		

Name of Bank(s) and Branch Location(s) _____

Names of Authorized Signers on Bank Account(s) _____

SIGNED by audit committee (three members)
(Must not include commander, sr. vice commander, treasurer, adjutant or finance chairperson)

SIGNED & SUBMITTED by authorized department/chapter officer
(preferably the commander, adjutant or treasurer)

Audit Committee Member Signature & Membership Number	Authorized Officer Signature & Membership Number
Audit Committee Member Signature & Membership Number	Authorized Officer Title
Audit Committee Member Signature & Membership Number	Date
Date	

This form is required to be filed annually by the National Constitution and Bylaws Article 8, Section 8.4, Article 9, Section 9.3 and Article 10, Section 10.2. If gross receipts of chapter, excluding dues per capita, are less than \$10,000, submit report to state department only.

Mail to: DAV National Headquarters • Financial Report • P.O. Box 14301 • Cincinnati, Ohio 45250 901308 (5/17)



AFR Dos and Dont's

- Audit Committee – must not include commander, sr. vice commander, treasurer, adjutant or finance chairperson
- Ensure that Banks and authorized signatures are listed on AFR
- CPA Audits/Reviews can be submitted in place of AFR
- Don't use debit cards
- Don't buy gift cards

DAV Members Portal

DAV.org DAV Members Portal Home Change Password Help & Support



DAV Members Portal

HOME

GETTING
STARTED

HELP &
SUPPORT

DEPARTMENTS
& CHAPTERS

CONTACT US

DAV Members Portal

Announcements

Reduce Your Picture Sizes Before Uploading to Your Site

1/28/2016 3:17 PM

by Lyn Collins

The size of a photo taken by a digital camera is typically large, even when saved in a compressed file format such as .jpg. It's not uncommon for a single picture to be several megabytes. In a graphics or photo editing program, crop photographs to the...

Help with Formatting Picture Views and Creating Officer Photo Library

1/28/2016 3:16 PM

by Lyn Collins

Many of you have asked for assistance on how to change the views on your photo gallery so that the picture thumbnails will display by default. You have also asked how to get your Officer Photos on your Officers page...well, ask and you shall receive! ...

Department and Chapter Website Information

1/22/2014 8:57 AM

by Heather Colemire

The DAV wants to enable every Department and Chapter to have its own website. DAV is currently hosting these sites at no charge to its Departments and Chapters.

The websites are pre-populated with some basic information for each Department and...

Add new announcement



Appointing a Webmaster

The webmaster must be an active member of the chapter and be appointed by the Commander or Adjutant.

To appoint a webmaster:

1. Go to www.davmembersportal.org.
2. From the menu on the left choose **Getting Started**.
3. Review the 4 templates and choose the one for your site. (The application will ask your template preference.)
4. Click the link for the Portal Website Application.
5. Answer the questions on the application and click **Finish**.

Once the application is submitted please allow time for processing. The newly appointed webmaster will receive an email with instructions.

Membership System

HOME SITEMAP FEEDBACK MAGAZINE

DAV Disabled American Veterans **Members**
Building Better Lives for America's Disabled Veterans


New Members
Sign On

[Help](#)

Version 3.8.2

This site designed for Internet Explorer 5 or later. If you have problems, please call us at 1-888-236-8313.

Login

- Your **Membership #** can be found on your DAV Membership Card.
- The default **Password** is your birthdate (M/D/YYYY), and you will be taken to a screen to change your password after you login for the first time. (i.e. 4/16/1967 , 12/1/1967)

Membership # Password

If you are **NOT** a DAV Member - Click one of the following links below to fill out an application or select the "New Members" menu option on the left.

[Join the Disabled American Veterans](#) [Join the Disabled American Veterans Auxiliary](#)

[Find a Chapter/Unit by State](#) [Find a Chapter/Unit by Zip Code](#)




click to verify

Who Has Access

Members:

- His/her own membership record

Department Officers:

Commander, Adjutant, Senior Vice Commander, Officer to Receive Mail

- His/her own membership record
- Membership records of all members within his/her department
- Reports

Other Department Officers

- His/her own membership record

Chapter Officers:

Commander, Adjutant, Senior Vice Commander, Officer to Receive Mail

- His/her own membership record
- Membership records of all members within his/her chapter
- Reports

Other Chapter Officers

- His/her own membership record

*Note: There are other access levels for employees of DAV.

“Hot List” Requests

- Most recent prospects (400K)
- Chapters must request from National HQ
- Zip Codes - a few at a time



Social Media Content



DAV

DAV

Membership Call Center

- No Wrong Door Approach
- MembershipPublic@dav.org
- 1-888-236-8313



Member Advantages Partners

- Members enjoy discounts and special offers from our growing family of partners.
- In return for our members using their services each of these partners give back a portion to DAV.
- Visit www.dav.org/membership/member-advantages to learn more about the offers and stay updated on new partners



Questions and Answers





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