



FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

Membership List Request

Date Requested _____

List Type _____

*If requesting **deceased list** provide date range _____ to _____*

Department _____

Chapter _____

Requester

Name _____

Title _____

Email _____

ZIP Codes for Hot List or Prospect List Requests (ZIP codes are only required for these types of lists.)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

Email completed request to membershippublic@dav.org.