

Building Better Lives for America's Disabled Veterans

OFFICER REPORT



(Please Type or Print) CHAPTER OR DEPARTMEN	т	PETTTET OTT	ZERALY ®
			STATE
			ATION
	EETINGS		
TIME & DAY OF REGULAR N	MEETINGS	/	/
WEB SITE ADDRESS:	TIME	DAY CHAPTER PI	WEEK OF MONTH
OFFICERS ELECTED FOR YEA	R BEGINNING:		
COMMANDER		LEGISLATIVE CHAIRMA	
NAME		NAME	
MAILING ADDRESS		MAILING ADDRESS	
CITY/ STATE/ZIP		CITY/ STATE/ZIP	
MEMBER CODE #	TEL. (MEMBER CODE #	TEL. ()
EMAIL	FAX	EMAIL	,
SR. VICE COMMANDER		MEMBERSHIP CHAIRM	FAX AN
NAME			
MAILING ADDRESS		MAILING	~
CITY/ STATE/ZIP		ADDRESS CITY/	
MEMBER CODE #	TEL. (STATE/ZIP MEMBER	TEL. ()
EMAIL	FAX	CODE #	
1ST JR. VICE COMMANDER		SERVICE OFFICER	FAX
NAME		NAME	
MAILING ADDRESS		MAILING ADDRESS	
CITY/ STATE/ZIP		CITY/ STATE/ZIP	V.
MEMBER CODE #	TEL. ()	MEMBER CODE #	TEL. ()
EMAIL	FAX	EMAIL	
ADJUTANT		OFFICER AUTHORIZED	TO RECEIVE MAIL
NAME	, ^ ,	NAME	TEOLIVE MAIL
MAILING ADDRESS		OFFICE	
CITY/ STATE/ZIP	5 11	HELD ADDRESS	A
MEMBER CODE #	TEL. ()	FOR CHP. MAIL	
EMAIL	FAX	CITY/ STATE/ZIP	
TREASURER	9	TEL. ()	FAX
NAME		EMAIL	
MAILING ADDRESS	g Ståe enye g		CEDING NAMES AND TO SEE
CITY/ STATE/ZIP		THE PRECEDING NAMES AND POSITIONS ARE HEREBY CERTIFIED. (FORM MUST BE CERTIFIED BY THE NEW COMMANDER & ADJUTANT)	
MEMBER CODE #	TEL. ()	SIGNED BY	
EMAIL	FAX	COMMANDERSIGNED BY	DATE
		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