



**FULFILLING OUR PROMISES**  
TO THE MEN AND WOMEN WHO SERVED

# 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 (\_\_\_\_) \_\_\_\_\_

**Sr. Vice Commander**

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 (\_\_\_\_) \_\_\_\_\_

**Adjutant**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Member Code# \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**Treasurer**

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 (\_\_\_\_) \_\_\_\_\_

**Membership Chairman**

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 (\_\_\_\_) \_\_\_\_\_

**Officer Authorized to Receive Mail**

Name \_\_\_\_\_  
Office Held \_\_\_\_\_  
Address for CHP. Mail \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

**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**