

Information Form For Members Seeking a Department of North Carolina Disabled American Veterans State Office

Please complete and forward to DAV Department Adjutant, PO Box 28146, Raleigh, NC 27611
(Must be received by the Adjutant 10 days before the annual convention.)

Name: _____ Office Sought: _____

Address: _____ Telephone: _____

City: _____ ZIP Code: _____ Cell # _____ Fax #: _____

Your Chapter Number and Location: _____ District Number: _____

Why do you want this position? _____

Are you a member in good standing? _____ Do you belong to an active chapter? _____

Do you attend chapters meetings: _____ Are you active in your chapter? _____

How Long a DAV member? _____ Are you a Chapter Officer now? _____

If yes, what Office? _____

To what other veteran organizations do you belong? _____

Have you served as an officer in any of them? _____ What offices and when? _____

Are you now employed? _____ If yes, where and what type position: _____

Are you reasonably free to travel? _____ Can you spend your own money? _____

Add any information you desire concerning training, education and experience: _____

Signature: _____

***** CHAPTER INDORSEMENT *****

The members of DAV Chapter # _____ recommend that the above candidate be considered for a Department Office as indicated. We will give him/her our support.

Date: _____ Chapter Commander: _____

Chapter Adjutant: _____