

Please be advised that in addition to the Service Officer Listed on the Official Chapter/Department Officer Report, we are requesting that the following individuals also be certified as a Department/Chapter Service Officer(s) for the year of **2017**.

Please Identify:

Chapter Name and # _____ for additional CSOs

Department of _____ for additional DSO's

Name	
Mailing Address	
City, State, Zip	
Member Number	
Telephone Number	
Email	

Name	
Mailing Address	
City, State, Zip	
Member Number	
Telephone Number	
Email	

Name	
Mailing Address	
City, State, Zip	
Member Number	
Telephone Number	
Email	

Chapter or Department Commander/Adjutant: _____
Signature