

Please be advised that the below identified individual is listed as the CSO/DSO on the official Chapter/Department Officer Report and will attend CSO/DSO training:

(Chapter Service Officer) or (Department Service Officer) for **2017**

Please circle Chapter or Department Service Officer

Chapter Number for CSO's _____

Department for DSO's _____

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

Please be advised that I (*DO) (DO NOT) have additional Service Officers that will be trained.
Please circle one

*If additional Chapter or Department service Officers are being trained, in addition to returning this form, please fill out the enclosed Additional Service Officers Form.

Printed Name

Position- Adjutant/Commander