

Please complete and return the attached Officer Report within 10 days following the installation of your new officers. We ask that you pay special attention to the following:

1. Include membership code number for each officer.
2. Include area code and phone number for each officer. It would be helpful to include a daytime phone number, Fax number, and E mail address where appropriate.

The form must be fully completed and signed by the newly elected Commander and Adjutant. If not, we will return it and ask that it be corrected. Not only does this cause a delay in processing but it could result in the Chapter's mail being held until the information is received.

We appreciate your efforts and thank you for your cooperation in this matter. If you have any questions please contact the Membership Department (toll free) at 1-(877) 426-2838, Ext. 3284 or e-mail us at membershipinfo@davmail.org. You may also find us on the Internet at www.dav.org



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 # TEL. ()
EMAIL FAX

LEGISLATIVE CHAIRMAN

NAME
MAILING ADDRESS
CITY/ STATE/ZIP
MEMBER CODE # TEL. ()
EMAIL FAX

SR. VICE COMMANDER

NAME
MAILING ADDRESS
CITY/ STATE/ZIP
MEMBER CODE # TEL. ()
EMAIL FAX

MEMBERSHIP CHAIRMAN

NAME
MAILING ADDRESS
CITY/ STATE/ZIP
MEMBER CODE # TEL. ()
EMAIL FAX

1ST JR. VICE COMMANDER

NAME
MAILING ADDRESS
CITY/ STATE/ZIP
MEMBER CODE # TEL. ()
EMAIL FAX

SERVICE OFFICER

NAME
MAILING ADDRESS
CITY/ STATE/ZIP
MEMBER CODE # TEL. ()
EMAIL FAX

ADJUTANT

NAME
MAILING ADDRESS
CITY/ STATE/ZIP
MEMBER CODE # TEL. ()
EMAIL FAX

OFFICER AUTHORIZED TO RECEIVE MAIL

NAME
OFFICE HELD
ADDRESS FOR CHP. MAIL
CITY/ STATE/ZIP
TEL. () FAX
EMAIL

TREASURER

NAME
MAILING ADDRESS
CITY/ STATE/ZIP
MEMBER CODE # TEL. ()
EMAIL FAX

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.
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