



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