



Disabled American Veterans  
Department of Louisiana  
Post Office Box 1271  
Baton Rouge, LA 70821

## Executive Committee Information Form

Name of Chapter \_\_\_\_\_

Executive Committee Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Membership Number \_\_\_\_\_

Alternate Executive Committee Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Membership Number \_\_\_\_\_

Each Chapter shall notify the Department Adjutant, **IN WRITING**, the name, address, membership number, telephone number, and email address (if available) of the Department Executive Committee Person (DEC) and Alternate Executive Committee Person, as stated in the Department of Louisiana Constitution & By-Laws, Article 5, Section 5.1.

Date (Month, Day, Year) \_\_\_\_\_

Signature \_\_\_\_\_

(Chapter Commander)

Signature \_\_\_\_\_

(Chapter Adjutant)