



**Disabled American Veterans
Department of Louisiana
*Application for Line Officer Candidacy or Committee
Appointment***

Name _____ Date _____

Date of Birth _____ Place of Birth _____ Marital Status _____

If Married: Spouse's Name _____ DAV Auxiliary member? _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Business) _____ (Cell) _____

(Check one) Employed? _____ Retired? _____ Profession _____

Email Address _____ Time in DAV _____ yrs.

Chapter # and Name _____ Location _____

Current DAV Position _____ DAV Positions Held _____

DAV Committee Experience _____

Other Veteran's Organization Memberships _____

Positions you currently hold in other Organizations _____

Previous positions held in other Organizations _____

Reasons for seeking Higher Office _____

Hobbies and Interests _____

Under penalty of disqualification as a candidate, I certify that I am a member in good standing; of good moral character; that I am not a convicted felon; that I am active in my Chapter. I also certify that I am reasonably free to travel; that I am prepared to spend my own money if necessary in the performance of my duties. I am prepared to travel to attend Conventions, Conferences, and Officer Calls. I have no known health conditions which would prevent me from performing my assigned duties in the office which I seek.

Candidate's Signature

Date

We certify that this candidate has the recommendation and support of his or her Chapter.

Chapter Commander's Endorsement

Chapter Adjutant's Endorsement

Date

Date

NOTE: A recent photograph should be attached to this application form.