



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

KEEPING OUR PROMISE TO
AMERICA'S VETERANS

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)