

(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** _____

CSO Information

Name _____
Mailing Address _____
City/State/Zip _____
Member Code# _____ Phone (_____) _____
Email _____ Fax (_____) _____

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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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