

Officer Report

(Please Type or Print)				
Chapter or Department			State	
•		Date of Installation		
		Date of Histaliation		
2	-			
Time & Day of Regular Meetings		Day	Week of Month	
Web Site Address		Chapter Phone		
Officers Elected For Year E	Beginning	20 Ending	20	
Commander		Benefits Protection Team	Leader	
Name		Name		
Mailing Address		Mailing Address		
City/State/Zip		City/State/Zip		
Member Code#	Phone ()	Member Code#	Phone ()	
Email	Fax ()	Email	Fax ()	
Sr. Vice Commander		Membership Chairman	Membership Chairman	
Name		Name		
Mailing Address		Mailing Address		
City/State/Zip		City/State/Zip		
Member Code#	Phone ()	Member Code#	Phone ()	
Email	Fax ()	Email	Fax ()	
1st Jr. Vice Commander		Service Officer (If more than a	Service Officer (If more than one is appointed, attach/upload additional page.)	
Name		Name		
Mailing Address		Mailing Address		
City/State/Zip		City/State/Zip		
Member Code#	Phone ()	Member Code#	Phone ()	
Email	Fax ()	Email	Fax ()	
Adjutant		Officer Authorized to Reco	eive Mail	
Name		Name		
Mailing Address		Office Held		
City/State/Zip		Address for CHP. Mail		
	Phone ()	, ,		
Email	Fax ()	Phone ()	Fax ()	
Treasurer		Email		
Name		The Preceding Names and	Positions Are Hereby Certified	
Mailing Address			ommander & Adjutant)	
City/State/Zip		Signed by Commander:	Date:	
Member Code#	Phone ()			
Email	Fax ()	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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