

## - DISABLED AMERICAN VETERANS

Building Better Lives for America's Disabled Veterans



## OFFICER REPORT

(Please Type or Print)	CHAPTER CSO REPORT						
CHAPTER OR DEPARTMENT							
LOCATION – CITY			STATE				
DATE OF ANNUAL ELECTION	_ DATE OF INST	DATE OF INSTALLATION					
ADDRESS OF REGULAR MEETING	GS						
WEB SITE ADDRESS:	CHAPTER	CHAPTER PHONE:					
OFFICERS ELECTED FOR YEAR I	BEGINNING:	20	ENDING	20			
CSO OFFICER		CSO OFFICE	₹				
MAILING ADDRESS CITY/ STATE/ZIP MEMBER CODE:	TEL( )FAX	MAILING ADDRESS CITY/ STATE/ZIP MEMBER CODE:		TEL( )FAX			
CSO OFFICER		CSO OFFICE	₹				
MAILING ADDRESS CITY/ STATE/ZIP MEMBER CODE:	TEL( )FAX	MAILING ADDRESS CITY/ STATE/ZIP MEMBER CODE:		TEL( )FAX			
CSO OFFICER		CSO OFFICE	₹				
CITY/ STATE/ZIP MEMBER	TEL( )	CITY/ STATE/ZIP MEMBER		TEL( )			
E-MAIL	FAX	E-MAIL		FAX			
		THE	DDECEDING NA	MES AND POSITIONS			

## THE PRECEDING NAMES AND POSITIONS ARE HEREBY CERTIFIED.

(FORM MUST BE CERTIFIED BY THE NEW COMMANDER AND ADJUTANT)

SIGNED BY:		
COMMANDER:	 	 
SIGNED BY		
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