



**DISABLED AMERICAN VETERANS
DEPARTMENT OF INDIANA
APPLICATION FOR LINE OFFICER CANDIDACY**

Name _____ Date _____

DOB _____ If married, Spouses Name _____ Auxiliary Member? _____

Address _____ City _____ Zip _____

If employed, Employer _____ Your Position _____

Years in DAV _____ Chapter# _____ Current position held _____

**DESCRIBE EDUCATIONAL BACKGOURND AND/OR VOCATIONAL OR
BUSINESS/WORK INVOLVEMENT. (Use additional pages as needed)**

All DAV positions held

DAV committees experience

Other organization memberships and current positions held

Reasons for seeking 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 and am active in my chapter. I also certify that I am reasonably free to travel in the performance of my duties as a line officer. I am willing and prepared to attend conventions, conferences, Department meetings, and other events that may become necessary.

Candidate's Signature _____ Date _____

=====

We certify that this candidate has the endorsement and support of their Chapter.

Chapter Commander

Chapter Adjutant

DATE _____