



# Officer Election Report

(Please Type or Print)

Chapter or Department \_\_\_\_\_

Location: City \_\_\_\_\_ State \_\_\_\_\_

Date of Annual Election \_\_\_\_\_ Date of Installation \_\_\_\_\_

Address of Regular Meetings \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street Address City & State ZIP

Time & Day of Regular Meetings \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Time Day Week of Month

Website Address \_\_\_\_\_ Chapter Phone \_\_\_\_\_

Officers Elected For Year Beginning \_\_\_\_\_ 20\_\_\_\_\_ Ending \_\_\_\_\_ 20\_\_\_\_\_

### Commander

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Member Code# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### Sr. Vice Commander

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Member Code# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### 1st Jr. Vice Commander

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Member Code# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### Adjutant

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Member Code# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### Treasurer

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Member Code# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### Benefits Protection Team Leader

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Member Code# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### Membership Chairman

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Member Code# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### Judge Advocate

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Member Code# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### Officer Authorized to Receive Mail

Name \_\_\_\_\_

Office Held \_\_\_\_\_

Address for DEPT/CHPT Mail \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

### The Preceding Names and Positions Are Hereby Certified By:

(Form must be signed by the new commander and new adjutant.)

Commander: \_\_\_\_\_ Date: \_\_\_\_\_

Adjutant: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: For **Service Officer** recommendations, use the **Service Officer Nominations** form and follow the submission instructions on that form.

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. 10.1, of the DAV National Bylaws.

CHOOSE ONE: Mail: DAV National Headquarters, Officer Election Report, P.O. Box 14301, Cincinnati, OH 45250  
Fax: 1-859-442-2088 • Email: officerreportinfo@dav.org