



- DISABLED AMERICAN VETERANS

*Building Better Lives for America's Disabled Veterans*



## OFFICER REPORT

(Please Type or Print)

Addendum to the Officer Report

CHAPTER OR DEPARTMENT \_\_\_\_\_

LOCATION - CITY \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF ANNUAL ELECTION \_\_\_\_\_ DATE OF INSTALLATION \_\_\_\_\_

ADDRESS OF REGULAR MEETINGS \_\_\_\_\_

WEB SITE ADDRESS: \_\_\_\_\_ CHAPTER PHONE: \_\_\_\_\_

OFFICERS ELECTED FOR YEAR BEGINNING: \_\_\_\_\_ 20 \_\_\_\_\_ ENDING \_\_\_\_\_ 20 \_\_\_\_\_

**UGER** \_\_\_\_\_  
NAME \_\_\_\_\_  
MAILING \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/ \_\_\_\_\_  
STATE/ZIP \_\_\_\_\_  
MEMBER \_\_\_\_\_  
CODE: \_\_\_\_\_ TEL ( ) \_\_\_\_\_  
E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

**Alt SEC** \_\_\_\_\_  
NAME \_\_\_\_\_  
MAILING \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/ \_\_\_\_\_  
STATE/ZIP \_\_\_\_\_  
MEMBER \_\_\_\_\_  
CODE: \_\_\_\_\_ TEL ( ) \_\_\_\_\_  
E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

**Other Officer Title** \_\_\_\_\_  
NAME \_\_\_\_\_  
MAILING \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/ \_\_\_\_\_  
STATE/ZIP \_\_\_\_\_  
MEMBER \_\_\_\_\_  
CODE: \_\_\_\_\_ TEL ( ) \_\_\_\_\_  
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CITY/ \_\_\_\_\_  
STATE/ZIP \_\_\_\_\_  
MEMBER \_\_\_\_\_  
CODE: \_\_\_\_\_ TEL ( ) \_\_\_\_\_  
E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

THE PRECEDING NAMES AND POSITIONS  
ARE HEREBY CERTIFIED.

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

SIGNED BY:

COMMANDER: \_\_\_\_\_

SIGNED BY

ADJUTANT: \_\_\_\_\_