



**DISABLED AMERICAN VETERANS / DEPARTMENT OF MICHIGAN  
2020-2021 CHAPTER OFFICER REPORT**

CHAPTER #: \_\_\_\_\_ CHAPTER NAME: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

MEETING LOCATION: \_\_\_\_\_ MEETING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CHAPTER PHONE NUMBER: \_\_\_\_\_

MEETING TIME: \_\_\_\_\_ MEETING DAY OF MONTH: \_\_\_\_\_

ADDRESS WHERE CHAPTER MAIL IS TO BE SENT: \_\_\_\_\_

MONTHS THE CHAPTER IS CLOSED \_\_\_\_\_

OFFICE HELD	NAME	ADDRESS	CITY & ZIP CODE	PHONE NUMBER
COMMANDER				
SR. VICE COMMANDER				
JR. VICE COMMANDER				
TREASURER				
ADJUTANT				
CHAPLAIN				
BENEFIT PROTECTION TEAM LEADER				

**CHAPTER E-MAIL CONTACT LIST  
PLEASE PROVIDE AS MANY E-MAILS FOR CHAPTER OFFICERS AS POSSIBLE, FOR QUICK COMMUNICATION FROM DEPARTMENT**

TITLE	NAME	E-MAIL ADDRESS

SIGNATURE: \_\_\_\_\_  
(\*Newly Installed Chapter Commander)

SIGNATURE: \_\_\_\_\_  
(Installing Officer)

**\*\* NEWLY INSTALLED COMMANDER: IT IS YOUR RESPONSIBILITY TO RETURN THIS FORM TO DEPARTMENT HEADQUARTERS NO LATER THAN 10 DAYS AFTER INSTALLATION  
MAIL TO: DAV, DEPARTMENT OF MICHIGAN, 17779 E. 14 MILE ROAD, FRASER, MICHIGAN 48026**