

**ARTICLE 9 - CHAPTERS
DAV National Constitution
Bylaws
And
Regulations**

Section 9.2: Officers; Chapter Officer Reports

Para. 3: Each chapter shall submit a Chapter Officer Report to the state department and National Organization within ten days after the installation of newly elected or appointed chapter officers. ***The Chapter Officer Report shall be completed on the form provided by National Headquarters and shall be certified by the chapter Commander and Adjutant.*** Any change in elected or appointed officers of a chapter during the membership year requires the submission of a new Chapter Officer Report to the state department and National Organization within ten days after installation. Failure to file complete reports as required herein is cause to suspend or revoke the chapter charter.

We ask that you pay special attention to the following:

1. Include membership code number for each officer.
2. Include daytime area code number and phone number, fax number, and e-mail address where appropriate.

To download the Officer Report Form:

1. Go to www.davmembers.org.
2. Login to the system.
3. Go to Maintain Information – Department/Chapter Officer Report.
4. Open the PDF by clicking on the link at the bottom of the web page.
5. Type all of the necessary information into the gray boxes.
6. Print the form.
7. Certify the form with signatures from the new Commander and Adjutant.
8. Mail it to:
DAV National Headquarters
P.O. Box 145550
Cincinnati, OH 45250-5550
Or fax it to: 1-859-442-2088

We appreciate your efforts and thank you for your cooperation in this matter. If you have any questions please contact the Membership Department toll free at 888-236-8313 or by e-mail at membershipinfo@davmail.org. You may also view our home page at www.dav.org.

(Please Type or Print)

Chapter or Department _____

Location - City _____ State _____

Date of Annual Election _____ Date of Installation _____

Address of Regular Meetings _____

Time & Day of Regular Meetings _____ / _____ / _____
Time Day Week of Month

Web Site 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 (_____) _____

Service Officer *(If more than one is appointed, attach/upload additional page.)*

Name _____

Mailing Address _____

City/State/Zip _____

Member Code# _____ Phone (_____) _____

Email _____ Fax (_____) _____

Officer Authorized to Receive Mail

Name _____

Office Held _____

Address for CHP. Mail _____

City/State/Zip _____

Phone (_____) _____ Fax (_____) _____

Email _____

The Preceding Names and Positions Are Hereby Certified

(Form Must be Certified by the New Commander & Adjutant)

Signed by
Commander: _____ Date: _____

Signed by
Adjutant: _____ Date: _____

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. 10.2, of the DAV National Bylaws.

Toll Free: 888-236-8313 • Fax: 1-859-442-2088 • www.dav.org • Email: membershipinfo@davmail.org

Mail to: DAV National Headquarters • P.O. Box 145550 • Cincinnati, Ohio 45250-5550