DAV Department of Maryland – Committee Sign-Up Sheet

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you like to serve as:

☐ Chair   ☐ Co-Chair   ☐ Committee Member(Check all that apply)

2. Committee Preference
(Place a number next to up to three committees to indicate your preference:1 = First Choice, 2 = Second Choice, 3 = Third Choice)

☐ \_\_\_ Americanism Committee

☐ \_\_\_ Auxiliary Liaison Committee

☐ \_\_\_ Benefits and Protection Team (Federal)

☐ \_\_\_ Citations and Awards Committee

☐ \_\_\_ Constitution and Bylaws Committee

☐ \_\_\_ Convention Time and Place Committee

☐ \_\_\_ Credentials Committee

☐ \_\_\_ Department Fundraising Committee

☐ \_\_\_ Homeless Committee

☐ \_\_\_ Joint Veterans Committee

☐ \_\_\_ Legislation State Committee

☐ \_\_\_ Local Veterans Assistance Program (LVAP) Committee

☐ \_\_\_ Membership Committee

☐ \_\_\_ National Guard Service Committee

☐ \_\_\_ Nominating Committee

☐ \_\_\_ Public Relations Committee

☐ \_\_\_ Training and Member Development Committee

☐ \_\_\_ Veterans of the Year Committee

☐ \_\_\_ Transportation Network Committee

☐ \_\_\_ VAVS Committee

☐ \_\_\_ Women’s Veteran Committee

☐ \_\_\_ Welfare and Hospital Committee

3. List any experience or qualifications that may assist in your selection: