

**REPORT OF INSTALLATION OF OFFICERS    2009 DISABLED AMERICAN VETERANS    2010    [PLEASE TYPE OR PRINT]**  
**DEPARTMENT OF MICHIGAN**

**CHAPTER COMMANDER:** Please have this report completed and give it to the Installing officer for signature with the correct names, addresses, zip codes and telephone numbers.

CHAPTER # \_\_\_\_\_ CHAPTER NAME \_\_\_\_\_ MEETING PLACE \_\_\_\_\_  
 MEETING TIME \_\_\_\_\_ MEETING DAY OF MONTH \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 ZONE \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 TELEPHONE NUMBER \_\_\_\_\_  
 CHAPTER E-MAIL ADDRESS \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Chapter Mailing Address**

(Complete ONLY if ALL chapter mail should be sent here)

ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OFFICE	NAME	ADDRESS	CITY & ZIP CODE	AREA CODE AND PHONE NUMBER
COMMANDER				
SENIOR VICE COMMANDER				
JUNIOR VICE COMMANDER				
TREASURER				
ADJUTANT				
CHAPLAIN				
EXECUTIVE COMMITTEEMAN				
ALTERNATE EXECUTIVE COMMITTEEMAN				
SERVICE OFFICER				
AMERICANISM CHAIRMAN				
JUDGE ADVOCATE				
LEGISLATIVE CHAIRMAN				
MEMBERSHIP CHAIRMAN				
PUBLIC RELATIONS CHAIRMAN				

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

**\*\* NEWLY INSTALLED COMMANDER: It is your responsibility to return this form to Department headquarters, 17779 E. Fourteen Mile Rd., Fraser, MI 48026. Completed form MUST be mailed to Department headquarters no later than 10 DAYS after Installation.**