

REPORT OF INSTALLATION OF OFFICERS DISABLED AMERICAN VETERANS [PLEASE TYPE OR PRINT]

2010 DEPARTMENT OF MICHIGAN 2011

CHAPTER COMMANDER: *The Department is going paperless! So if at all possible, indicate one e-mail address where all chapter mail can be sent! Please have this report completed and give it to the Installing officer for signature with the correct names, addresses, zips, phone numbers & e-mail addresses.**

CHAPTER # _____ CHAPTER NAME _____ MEETING PLACE _____
 MEETING TIME _____ MEETING DAY OF MONTH _____ ADDRESS _____
 ZONE _____ CITY _____ ZIP CODE _____

***** CHAPTER E-MAILING ADDRESS (Where ALL chapter mail will be sent via e-mail)**

CHAPTER E-MAIL ADDRESS _____

OFFICE	NAME	ADDRESS	CITY & ZIP CODE	AREA CODE AND	
				PHONE NUMBER	E-MAIL ADDRESS
COMMANDER					
SR. VICE COMMANDER					
JR. VICE COMMANDER					
TREASURER					
ADJUTANT					
CHAPLAIN					
EXECUTIVE COMMITTEEMAN					
ALTERNATE EXECUTIVE COMMITTEEMAN					
SERVICE OFFICER					
AMERICANISM CHMN.					
LEGISLATIVE CHMN.					
MEMBERSHIP CHMN.					

SIGNATURE: _____ **SIGNATURE:** _____
 (** Newly Installed Chapter Commander) (Installing Officer)

**** NEWLY INSTALLED COMMANDER: It is your responsibility to return this form to Department headquarters, 17779 E. 14 Mile Rd., Fraser, MI 48026. Completed form MUST be mailed to Department headquarters no later than 10 DAYS after Installation.**