



AUXILIARY OFFICER REPORT

All Spaces Must be Completed

Annual Dues

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Date: _____ Employer ID # (EIN) _____

Unit Name & Number: _____

City: _____ State: _____ Zip: _____

Date of Annual Election: _____ Date of Installation: _____

Address of Regular Meetings: _____

Time & Day of Regular Meetings: am pm 1 2 3 4
Time Day of Week Week of Month

OFFICERS ELECTED FOR YEAR BEGINNING: _____ ENDING: _____

COMMANDER **LEGISLATIVE CHAIRMAN**

Name: _____ Name: _____

Street Address: _____ Street Address: _____

City/State/Zip: _____ City/State/Zip: _____

Membership #: _____ Membership #: _____

Telephone: _____ Telephone: _____

Email: _____ Email: _____

SR. VICE COMMANDER **MEMBERSHIP CHAIRMAN**

Name: _____ Name: _____

Street Address: _____ Street Address: _____

City/State/Zip: _____ City/State/Zip: _____

Membership #: _____ Membership #: _____

Telephone: _____ Telephone: _____

Email: _____ Email: _____

1ST JR. VICE COMMANDER **ELECTED STATE EXECUTIVE COMMITTEE MEMBER**

Name: _____ Name: _____

Street Address: _____ Street Address: _____

City/State/Zip: _____ City/State/Zip: _____

Membership #: _____ Membership #: _____

Telephone: _____ Telephone: _____

Email: _____ Email: _____

ADJUTANT **ALTERNATE STATE EXECUTIVE COMMITTEE MEMBER:**

Name: _____

Street Address: _____

City/State/Zip: _____

Membership #: _____

Telephone: _____

Email: _____

TREASURER

Name: _____

Street Address: _____

City/State/Zip: _____

Membership #: _____

Telephone: _____

Email: _____

Signed by: _____
Unit Adjutant

Verified by: _____
Unit Comdr.

The Unit Adjutant shall receive all mail from National Headquarters and it will be the Adjutant's duty distribute it to the proper officers and made available at all meetings.

This form must be completed and returned to DAV Auxiliary Headquarters within ten (10) days after installation in compliance with the national constitution and bylaws of the Disabled American Veterans Auxiliary.

Send copies to DAVA State Department and DAV State Department. Retain a copy for unit files.