

AUXILIARY OFFICER REPORT

All Spaces Must be Completed

Date:	Employer ID # (EIN)				
Unit Name & Number:					
City:	State:		Zip:		
Date of Annual Election:					
Address of Regular Meetings:		Date of Installation:			
Time & Day of Regular Meetings:					
	Time	Day of Week	Week of Month		
OFFICERS ELECTED FOR YEAR BEGINNING:		ENDING:			
COMMANDER		E CHAIRMAN			
Name:	Name:				
Street Address:	Street Address:				
City/State/Zip:	City/State/Zip:				
Membership #:	Membership #:				
Telephone:	Telephone:				
Email:	Email:				
SR. VICE COMMANDER		P CHAIRMAN			
Name:	Name:				
Street Address:	Street Address:				
City/State/Zip:	City/State/Zip:				
Membership #:	Membership #:				
Telephone:	Telephone:				
Email:	Email:				
1ST jr. VICE COMMANDER	ELECTED ST	ATE EXECUTIVE COMMITT	EE MEMBER		
Name:	Name:				
Street Address:	Street Address:				
City/State/Zip:	City/State/Zip:				
Membership #:	Membership #:				
Telephone:	Telephone:				
Email:	Email:				
ADJUTANT	ALTERNATE	STATE EXECUTIVE COMMI	TTEE MEMBER:		
Name:					
Street Address:		The Unit Adjutant shall receive all mail from National Head-			
City/State/Zip:		quarters and it will be the Adjutant's duty distribute it to the proper officers and made available at all meetings.			
Membership #:	proper offic	ers and made available at	all meetings.		
Telephone:	This form	must be completed an	d returned to DAV		
Email:		leadquarters within ter			
TREASURER		n in compliance with th			
Name:		on and bylaws of the D	isabled American		
Street Address:	Veterans A	Auxiliary.			
City/State/Zip:	Signed by:				
Membership #:	Unit Adjutant				
Telephone:	Verified by:				
Email:	Unit Comdr.				