

## **Service Officer Nominations**

## DO NOT RETURN THIS FORM TO DAV NATIONAL HEADQUARTERS. MAIL TO YOUR LOCAL NATIONAL SERVICE OFFICE COORDINATING THE CERTIFICATION TRAINING.

(Please Type or Print)			
Chapter or Department			
Location: City		State	
Address of Regular Meetings	Street Address	/City & State	//
Time & Day of Regular Meetings			/
	Time	Day	Week of Month
Website Address		Chapter Phone	
	**Multiple nom	inations are not necessary.**	
Nominee #1		Nominee #6	
Name		Name	
Mailing Address		Mailing Address	
City/State/ZIP		City/State/ZIP	
Member Code#	Phone ()	Member Code#	Phone ()
Email	Fax ()	Email	Fax ()
Nominee #2		Nominee #7	
Name		Name	
Mailing Address		Mailing Address	
City/State/ZIP		City/State/ZIP	
Member Code#	Phone ()	Member Code#	Phone ()
Email	Fax ()	Email	Fax ()
Nominee #3		Nominee #8	
Name		Name	
Mailing Address		Mailing Address	
City/State/ZIP		City/State/ZIP	
Member Code#	Phone ()	Member Code#	Phone ()
Email	Fax ()	Email	Fax ()
Nominee #4		Nominee #9	
Name		Name	
Mailing Address		Mailing Address	
City/State/ZIP		City/State/ZIP	
Member Code#	Phone ()	Member Code#	Phone ()
Email	Fax ()	Email	Fax ()
Nominee #5			
Name		The Preceding Names and Positions Are Hereby Certified By:	
Mailing Address		(Form must be signed by the new com	nmander and new adjutant.)
City/State/ZIP		Commander:	Date:
Member Code#	Phone ()		Dutc
Email	Fax ()	Adjutant:	Date:

NOTE: MEMBERS **CANNOT** CONDUCT SERVICE WORK PRIOR TO COMPLETING DEPARTMENT/CHAPTER SERVICE OFFICER TRAINING AND BECOMING CERTIFIED.