



# DEPARTMENT OF ALABAMA OFFICER CANDIDATE FORM



NAME OF CANDIDATE: \_\_\_\_\_  
(First M. Last)

ADDRESS \_\_\_\_\_  
(Street/PO Box) (City, State, Zip)

DAV MEMBER NUMBER: \_\_\_\_\_ YEARS AS MEMBER \_\_\_\_\_

CHAPTER NAME & NO. \_\_\_\_\_

DEPARTMENT OFFICE SEEKING:  Commander  Sr. Vice Commander  1<sup>st</sup> JVC  2<sup>nd</sup> JVC  
 3<sup>rd</sup> JVC  4<sup>th</sup> JVC  Judge Advocate  Chaplain  Treasurer

OFFICES PREVIOUSLY HELD (ELECTED/APPOINTED)

CHAPTER \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

NATIONAL \_\_\_\_\_ ARE YOU

HOLDING ANY CHAPTER OR DEPARTMENT ELECTED OFFICE NOW? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE SPECIFY \_\_\_\_\_

----- I do hereby certify I am eligible in accordance with DAV National and Department Constitution and Bylaws and I will serve to the best of my ability if I am elected or appointed to a department position of responsibility.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\*\*\* Any member, in good standing, of the Disabled American Veterans, is eligible to seek any elected or appointed office of the Disabled American Veterans, Department of Alabama. Candidates may attach statements of aspirations, accomplishments, goals in the DAV, personal talents, and community involvement, along with letters of recommendation.

**THIS FORM AND ANY ATTACHMENTS MUST BE RECEIVED BY THE DEPARTMENT ADJUTANT NO LATER THAN 30 DAYS PRIOR TO THE STATE CONVENTION. PLEASE TYPE OR PRINT.**

