

**IDENTIFICATION OF POST AND/OR DISTRICT HOMELESS VETERANS CHAIRPERSON**

**Deadline August 1, 2017**

The following individual is appointed to the position indicated:

Post No: \_\_\_\_\_ and/or District No: \_\_\_\_\_

Post Chairperson: \_\_\_\_\_

District Chairperson: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ FL, Zip Code: \_\_\_\_\_

Phone No: \_\_ (\_\_\_\_) \_\_\_\_\_

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Please complete and submit to Department Headquarters at [statehq@vfwfl.org](mailto:statehq@vfwfl.org) or

**Mail to:** Dept. of Florida VFW – 543 NE Sanchez Ave., Ocala, FL 34470 or

**Fax to:** (352) 622-3869 **before August 1, 2017.**