

IDENTIFICATION OF POST AND/OR DISTRICT MEMBERSHIP 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: _____

Phone No: _(_____) _____

Email Address: _____

Please complete and submit to Department Headquarters at
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.**