

IDENTIFICATION OF POST AND/OR DISTRICT PROGRAM CHAIRPERSON
Deadline August 1, 2017

Post No: _____ and/or District No: _____

The following individual is appointed to the position indicated:

Post Program Chairman: _____

District Program Chairman: _____

Address: _____

City: _____ State: FL Zip: _____

Phone No: (_____) _____

Email Address: _____

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Please complete and submit to Department Headquarters at
statehq@vfwfl.org or
Mail to: Dept. of Florida VFW – 543 NE Sanchez Ave., Ocala, Florida 34470
or **Fax to:** (352) 622-3869 **before August 1, 2017.**