

**IDENTIFICATION OF POST HOMELESS VETERANS CHAIRPERSON**  
**Deadline August 31, 2024**

The following individual is appointed to the position indicated:

Post No: \_\_\_\_\_

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

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

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

Phone # : (    ) \_\_\_\_\_

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

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

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

**Fax to:** (352) 622-3869 before **August 31, 2024.**

**IDENTIFICATION OF POST MEMBERSHIP CHAIRPERSON**  
**Deadline August 31, 2024**

The following individual is appointed to the position indicated:

Post No: \_\_\_\_\_

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

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

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

Phone # :(    ) \_\_\_\_\_

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

Please complete and submit to Department Headquarters at [statecg@vfwfl.org](mailto:statecg@vfwfl.org)  
**Mail to:** Department of Florida VFW -543 NE Sanchez Ave., Ocala, FL 34470 or  
**Fax to:** (352) 622-3869 before **August 31, 2024.**

**IDENTIFICATION OF POST PROGRAM CHAIRPERSON**  
**Deadline August 31, 2024**

The following individual is appointed to the position indicated:

Post No: \_\_\_\_\_

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

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

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

Phone # : \_\_\_\_ ( \_\_\_\_ ) \_\_\_\_\_

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

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

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

**Fax to:** (352) 622-3869 before **August 31, 2024.**