

# HOSPITAL CHAIRPERSON FORM



**The appointment of our Hospital Chairperson is:**

District # \_\_\_\_\_

Name of Chairperson \_\_\_\_\_

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

\_\_\_\_\_

Phone# \_\_\_\_\_

E-mail: \_\_\_\_\_

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Mail or E-mail this form to the State Hospital  
Chairperson

Mike Cline  
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Ft. McCoy, Florida 32134  
[mcline@vfwfl.org](mailto:mcline@vfwfl.org)