



# Jewish War Veterans of the USA • Council Installation Form

Please return this form to your department and National HQ no later than June 13. \_\_\_\_\_

Mail: Jewish War Veterans

E-Mail: membership@jwv.org

1811 R Street, NW • Washington, DC 20009

The following officers of the \_\_\_\_\_ Council

were installed by me on this date: \_\_\_\_\_

Name and Title of Installing Officer \_\_\_\_\_

Signature \_\_\_\_\_ or Digital Signature Required\*\*\*

**Commander:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**Quartermaster:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**Sr. Vice Commander:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**Adjutant:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**Jr. Vice Commander:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**Chaplain:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**Judge Advocate:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**Name and Address of Individual to whom refund checks and rosters should be sent:**

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**if needed, please use page 2 to list additional officers**

Remarks

**Don't forget to sign before faxing or mailing**



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Mail: Jewish War Veterans  
1811 R Street, NW • Washington, DC 20009

E-Mail: [membership@jvw.org](mailto:membership@jvw.org)

Other Officers/Chairman

Title: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail \_\_\_\_\_

Other Officers/Chairman

Title: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail \_\_\_\_\_

Other Officers/Chairman

Title: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail \_\_\_\_\_

Other Officers/Chairman

Title: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail \_\_\_\_\_

Other Officers/Chairman

Title: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail \_\_\_\_\_

Other Officers/Chairman

Title: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail \_\_\_\_\_

Other Officers/Chairman

Title: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail \_\_\_\_\_

Remarks:

**Don't forget to sign before faxing or mailing**