

JWV Department Installation Form 5-15-25

- Installations must occur within 60 days of an election. Installation forms must be sent to National Headquarters **annually** within 30 days of installation and no later than June 13.
- Completed forms can be returned to to National Headquarters in the following ways:
Mail: Jewish War Veterans, 1811 R Street, NW, Washington, DC 20009 Email: membership@jwv.org

Department Name: _____ Date: _____

Dept. Email Address: _____

Dept. Website: _____ Facebook: _____

Dept. Executive Committee meeting: _____ Convention: _____

Rosters/Refund checks should be sent to: _____

Name of Person filling out this form: _____

Phone: _____ Email: _____

The following Department Officers were installed on this date: _____

By: _____
(Title and Name) (Signature or digital signature)

-- ★ Elected --

★ CMDR: _____

Address: _____

City: _____

State: _____ Zip code: _____

Preferred Phone #: _____

Email: _____

★ DJVC: _____

Address: _____

City: _____

State: _____ Zip code: _____

Preferred Phone #: _____

Email: _____

★ NEC Committeeperson:

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Preferred Phone #: _____

Email: _____

★ NEC Committeeperson:

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Preferred Phone #: _____

Email: _____

★ DSVC: _____

Address: _____

City: _____

State: _____ Zip code: _____

Preferred Phone #: _____

Email: _____

★ DJA: _____

Address: _____

City: _____

State: _____ Zip code: _____

Preferred Phone #: _____

Email: _____

★ NEC Committeeperson:

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Preferred Phone #: _____

Email: _____

★ NEC Committeeperson:

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Preferred Phone #: _____

Email: _____

* If you have additional Elected NEC Committeepersons, use the "Other/Chairman space on page 2.

* Policy committee member **must** be a member of the NEC (DC/Elected NEC Committeeperson/Dept. PNC)

★ National Policy Committee Member

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Preferred Phone #: _____

Email: _____

★ National Policy Committee Member

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Preferred Phone #: _____

Email: _____

• Appointed

• DQM: _____

Address: _____

City: _____

State: _____ Zip code: _____

Preferred Phone #: _____

Email: _____

• DAdj: _____

Address: _____

City: _____

State: _____ Zip code: _____

Preferred Phone #: _____

Email: _____

• Chaplain

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Preferred Phone #: _____

Email: _____

• Communications/IT Committee Chairman

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Preferred Phone #: _____

Email: _____

• Other Officers /Chairman

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Preferred Phone #: _____

Email: _____

• Other Officers /Chairman

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Preferred Phone #: _____

Email: _____

• Other Officers /Chairman

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Preferred Phone #: _____

Email: _____

Remarks: