JWV Post 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

Post Name and #: _____ Date: _____

Post Email Address: _____

Post Website: _____ Facebook: _____

Post Meeting time and location: _____

Rosters/Refund checks should be sent to: _____

_____

Name of Person filling out this form: _____

Phone: _____ Email: _____

The following Post Officers were installed on this date: _____

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

★ Elected

★ CMDR: _____
Address: _____
City: _____
State: _____ **Zip code:** _____
Preferred Phone #: _____
Email: _____

★ SVC: _____
Address: _____
City: _____
State: _____ **Zip code:** _____
Preferred Phone #: _____
Email: _____

★ JVC: _____
Address: _____
City: _____
State: _____ **Zip code:** _____
Preferred Phone #: _____
Email: _____

★ PJA: _____
Address: _____
City: _____
State: _____ **Zip code:** _____
Preferred Phone #: _____
Email: _____

• Appointed

• QM: _____
Address: _____
City: _____
State: _____ **Zip code:** _____
Preferred Phone #: _____
Email: _____

• Adj: _____
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: _____

• NMI Representative

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: