



Jewish War Veterans of the USA • Department Installation Form

Please return this form to National Headquarters after the installation of Officers for the year _____

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

E-Mail: membership@jwv.org
Fax : (202) 234-5662

The following officers of the Department of _____

were installed by me on this date: _____

Name and Title of Installing Officer _____

Signature _____ or Digital Signature

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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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 _____

Other Officers/Chairman

Title: _____
Address _____
City _____ State _____ Zipcode _____
Phone _____ Cell _____
E-mail _____

Remarks:

Don't forget to sign before faxing or mailing