



**Department of Massachusetts**  
 24 Beacon St, State House, Rm 546  
 Boston, MA 02133-1042  
 Phone: 617-727-2974  
 www.davma.org

**This form must be mailed in with your Chapter Officer Report**

**DEPARTMENT EXECUTIVE COMMITTEE REPORT**

(PLEASE TYPE OR PRINT)

CHAPTER NAME: \_\_\_\_\_ CHAPTER #: \_\_\_\_\_

LOCATION - CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OFFICERS ELECTED FOR YEAR BEGINNING: \_\_\_\_\_ 20 \_\_\_\_\_ ENDING: \_\_\_\_\_ 20 \_\_\_\_\_

DEPARTMENT EXECUTIVE COMMITTEEMAN/COMMITTEEWOMAN (DEC)	
NAME	
ADDRESS	
CITY STATE ZIP	
MEMBER CODE#	TEL
EMAIL	FAX

ALTERNATE DEPARTMENT EXECUTIVE COMMITTEEMAN/COMMITTEEWOMAN (ALT DEC)	
NAME	
ADDRESS	
CITY STATE ZIP	
MEMBER CODE#	TEL
EMAIL	FAX

\_\_\_\_\_  
 Commander Signature

\_\_\_\_\_  
 Adjutant Signature

**Form must be completed and mailed, or emailed to Department Adjutant no later than 10 days after your chapter installation.**

**Mail:** DAV Dept. of MA  
 State House  
 24 Beacon Street, Ste. 546  
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**Email:** [Mvalila@davma.org](mailto:Mvalila@davma.org)