

DISTRICT MEETING REPRESENTATIVE REQUEST

VFW District #: _____

MEETING 1

Check One: Training Meeting Convention

Date of Meeting (Month & Day): _____ Time of Meeting: _____

Host Post: _____ Host Post City: _____

Host Post Address: _____

Host Post Contact Person: _____ Host Post Phone Number: _____

MEETING 2

Check One: Training Meeting Convention

Date of Meeting (Month & Day): _____ Time of Meeting: _____

Host Post: _____ Host Post City: _____

Host Post Address: _____

Host Post Contact Person: _____ Host Post Phone Number: _____

MEETING 3

Check One: Training Meeting Convention

Date of Meeting (Month & Day): _____ Time of Meeting: _____

Host Post: _____ Host Post City: _____

Host Post Address: _____

Host Post Contact Person: _____ Host Post Phone Number: _____

MEETING 4

Check One: Training Meeting Convention

Date of Meeting (Month & Day): _____ Time of Meeting: _____

Host Post: _____ Host Post City: _____

Host Post Address: _____

Host Post Contact Person: _____ Host Post Phone Number: _____

CHOICES FOR DEPARTMENT REPRESENTATIVE (List up to 4 preferences, if any)

First Choice: _____

Second Choice: _____

Third Choice: _____

Fourth Choice: _____

ONLY REQUESTS SIGNED BY THE DISTRICT COMMANDER WILL BE HONORED

Any changes **MUST** also be submitted by the District Commander.

District Commander Signature: _____

All assignments will be made by the Department Commander with consideration being given to the date request was received at Department Headquarters.

Date Received at Department Headquarters: _____

FORM MUST BE RECEIVED AT THE BEGINNING OF THE VFW YEAR EACH JULY

Send forms to Department Adjutant, at the Department of Texas VFW HQs
in Austin. Return scanned form by email to: jorg@texasvfw.org