

DISTRICT MEETING REPRESENTATIVE REQUEST

VFW District #: _____

Date of District Meeting (Month & Day(s)): _____

Location of Meeting: _____ Host Post: _____

Person in Charge of Meeting Arrangements. *(This person will receive the publicity information on the Department Representative.)*

Name: _____

Address: _____

Post #: _____ Telephone Number: _____

It is NOT required that a Department representative be requested, but if you request one, either the Department Commander, Department Senior Vice, or Department Junior Vice will be assigned if available. Chair Officers will not be assigned to a District twice in one year unless a special request is sent to the Department Commander. If a Chair Officer is NOT available and you wish a representative, list your three (3) choices. **If you do request a Department representative, it will be your responsibility to pay for the lodging of the assigned person.**

CHOICES FOR DEPARTMENT REPRESENTATIVE (IF NONE NEEDED, LEAVE BLANK)

First Choice: _____

Second choice: _____

Third Choice: _____

The Name, Address, Telephone Number, Photograph, and Biographical sketch of the assigned Department Representative will be sent to the person listed above as in charge of District Meeting arrangements, with a copy of **LETTER ONLY** being sent to the District Commander approximately one (1) month in advance of the District Meeting date. If you feel you need this information sooner, please contact Christie at Department Headquarters.

This request form should be sent to Department Headquarters, P. O. Box 14468, Austin, Texas 78761, as soon as possible. **It is strongly recommended that a request for ALL District Meetings during the year be sent to Department Headquarters by September 1st.** This will allow for better planning and advance notice of District Meetings to be printed in the VFW News.

ONLY REQUESTS SIGNED BY THE DISTRICT COMMANDER WILL BE HONORED

Any changes **MUST** also be submitted by the District Commander.
A separate request form **MUST** be submitted for each District Meeting.

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: _____