



# AUXILIARY OFFICER REPORT

PLEASE TYPE OR PRINT

(ALL SPACES MUST BE COMPLETED)

ANNUAL DUES

\$

DATE \_\_\_\_\_

UNIT NAME & NUMBER \_\_\_\_\_ EMPLOYER ID # (EIN) \_\_\_\_\_

LOCATION - CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF ANNUAL ELECTION \_\_\_\_\_ DATE OF INSTALLATION \_\_\_\_\_

ADDRESS OF REGULAR MEETINGS \_\_\_\_\_

TIME & DAY OF REGULAR MEETINGS \_\_\_\_\_  
TIME DAY WEEK OF MONTH

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

<b>COMMANDER</b>		<b>LEGISLATIVE CHAIRMAN</b>	
NAME _____		NAME _____	
MAILING ADDRESS _____		MAILING ADDRESS _____	
CITY/ STATE/ZIP _____		CITY/ STATE/ZIP _____	
MEMBER CODE # _____	E-MAIL TEL. ( ) _____	MEMBER CODE # _____	E-MAIL TEL. ( ) _____
<b>SR. VICE COMMANDER</b>		<b>MEMBERSHIP CHAIRMAN</b>	
NAME _____		NAME _____	
MAILING ADDRESS _____		MAILING ADDRESS _____	
CITY/ STATE/ZIP _____		CITY/ STATE/ZIP _____	
MEMBER CODE # _____	E-MAIL TEL. ( ) _____	MEMBER CODE # _____	E-MAIL TEL. ( ) _____
<b>1ST JR. VICE COMMANDER</b>		<b>ELECTED STATE EXECUTIVE COMMITTEE MEMBER</b>	
NAME _____		NAME _____	
MAILING ADDRESS _____		MAILING ADDRESS _____	
CITY/ STATE/ZIP _____		CITY/ STATE/ZIP _____	
MEMBER CODE # _____	E-MAIL TEL. ( ) _____	<b>ALTERNATE STATE EXECUTIVE COMMITTEE MEMBER</b>	
<b>ADJUTANT</b>		NAME _____	
NAME _____		<div style="border: 1px solid black; padding: 5px;"> <p><b>THE UNIT ADJUTANT SHALL RECEIVE ALL MAIL FROM NATIONAL HEADQUARTERS.</b></p> </div> <p>AS UNIT ADJUTANT, I UNDERSTAND THAT IT WILL BE PART OF MY DUTIES TO RECEIVE ALL MAIL FROM NATIONAL HEADQUARTERS AND DISTRIBUTE IT TO THE PROPER OFFICERS. IT SHALL ALSO BE MADE AVAILABLE AT ALL MEETINGS.</p>	
MAILING ADDRESS _____			
CITY/ STATE/ZIP _____			
MEMBER CODE # _____	E-MAIL TEL. ( ) _____		
<b>TREASURER</b>		SIGNED BY: UNIT ADJUTANT _____	
NAME _____		VERIFIED BY: UNIT COMMANDER _____	
MAILING ADDRESS _____			
CITY/ STATE/ZIP _____			
MEMBER CODE # _____	E-MAIL TEL. ( ) _____		

**THIS FORM MUST BE COMPLETED AND RETURNED TO NATIONAL HEADQUARTERS WITHIN TEN (10) DAYS AFTER INSTALLATION IN COMPLIANCE WITH THE NATIONAL CONSTITUTION AND BYLAWS OF THE DISABLED AMERICAN VETERANS AUXILIARY.**



# DISABLED AMERICAN VETERANS AUXILIARY ANNUAL FINANCIAL REPORT



UNIT \_\_\_\_\_ STATE DEPARTMENT OF \_\_\_\_\_  
NAME & NUMBER

LOCATED AT \_\_\_\_\_ ACCOUNTING PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_  
CITY STATE

**BEGINNING BALANCE** (LINE 25 OF PREVIOUS YEARS REPORT) \$ \_\_\_\_\_

**INCOME:**

- |                                                                                                                |    |          |
|----------------------------------------------------------------------------------------------------------------|----|----------|
| 1. DUES (PER CAPITA FROM NATIONAL HDQ)                                                                         | \$ | _____    |
| 1A. DUES RECEIVED FROM JR. MEMBERS (MINUS NATIONAL & STATE PER CAPITA)                                         |    | _____    |
| 2. FORGET-ME-NOT DRIVES                                                                                        |    | _____    |
| 3. BINGO (GROSS RECEIPTS) (INCOME FROM BINGO ONLY)                                                             |    | _____    |
| 4. THRIFT STORE INCOME (EXPLAIN ON ATTACHED SCHEDULE)                                                          |    | _____    |
| 5. KITCHEN OPERATIONS (GROSS RECEIPTS)                                                                         |    | _____    |
| 6. INTEREST INCOME                                                                                             |    | _____    |
| 7. OTHER INCOME (ATTACH SCHEDULE) <small>(EXAMPLE: DONATIONS, REFUNDS, MONEY REC'D FROM CHAPTER, ETC.)</small> |    | _____    |
| 8. TOTAL INCOME (LINES 1 THRU 7)                                                                               |    | \$ _____ |

IF THE TOTALS OF LINE 2 THRU 7 EXCEED \$100,000 THE REPORT MUST BE AUDITED BY A CERTIFIED PUBLIC ACCOUNTANT

**DISBURSEMENTS:**

- |                                                                                              |    |          |
|----------------------------------------------------------------------------------------------|----|----------|
| 9. SALARIES/ALLOWANCES (ATTACH LIST SHOWING NAMES AND AMOUNTS)                               | \$ | _____    |
| 10. CONVENTION/CONFERENCES/SEMINARS (ATTACH LIST SHOWING NAMES AND AMOUNTS)                  |    | _____    |
| 11. POSTAGE & OFFICE SUPPLIES                                                                |    | _____    |
| 12. VAVS PROGRAM (LIST MEDICAL CENTER AND AMOUNT)                                            |    | _____    |
| 13. DONATIONS TO NATIONAL AUXILIARY SERVICE PROGRAM                                          |    | _____    |
| 13A. DONATIONS TO SERVICE, RELIEF & COMMUNITY SERVICE                                        |    | _____    |
| 14. FORGET-ME-NOT EXPENSES                                                                   |    | _____    |
| 15. BINGO EXPENSES (ATTACH SCHEDULE) (EXAMPLE: PAYOUTS, WORKERS, ETC.)                       |    | _____    |
| 16. THRIFT STORE EXPENSES (ATTACH SCHEDULE)                                                  |    | _____    |
| 17. KITCHEN OPERATION EXPENSES AND/OR OTHER UNIT EXPENSES (EX: BYLAWS, JEWELRY, GIFTS, ETC.) |    | _____    |
| 17A. STATE MANDATE                                                                           |    | _____    |
| 18. OTHER (ATTACH SCHEDULE)                                                                  |    | _____    |
| 19. TOTAL DISBURSEMENTS (LINES 9 THRU 18)                                                    |    | \$ _____ |

**BALANCE** (BEGINNING BALANCE PLUS LINE 8 MINUS LINE 19) \$ \_\_\_\_\_

**ASSETS:** (AS OF THE END OF THE ACCOUNTING PERIOD)

- |                                                                                                                   |    |          |
|-------------------------------------------------------------------------------------------------------------------|----|----------|
| 20. CHECKING ACCOUNTS                                                                                             | \$ | _____    |
| 21. SAVINGS ACCOUNTS                                                                                              |    | _____    |
| 22. CD'S (FACE VALUE AT MATURITY)                                                                                 |    | _____    |
| 23. REAL ESTATE (PURCHASE VALUE) _____ (MARKET VALUE)                                                             |    | _____    |
| 24. OTHER (ATTACH SCHEDULE)                                                                                       |    | _____    |
| 25. TOTAL ASSETS (LINES 20 THRU 24) <small>(SHOULD EQUAL THE AMOUNT SHOWN ON BALANCE LINE AFTER LINE 19.)</small> |    | \$ _____ |

NAME OF BANK AND LOCATION \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER (EIN) # \_\_\_\_\_

NAMES OF ALL AUTHORIZED SIGNATURES \_\_\_\_\_

SIGNED BY AUDIT COMMITTEE: (THREE MEMBERS)  
(MUST NOT INCLUDE, COMM., SR. VICE, TREAS., ADJ., OR FINANCE COMM.)

SUBMITTED BY:

MEMBER	
MEMBER	TITLE
MEMBER	DATE
DATE	

This form must be completed and returned to National Headquarters within ten days following completion of the audit in accordance with the National Constitution and Bylaws of the Disabled American Veterans Auxiliary.

MAIL TO DAV/DAVA NATIONAL HEADQUARTERS

CANDIDATE RESUME FOR A NATIONAL OFFICE FOR THE DAV AUXILIARY



Name \_\_\_\_\_ Address \_\_\_\_\_

Unit No. \_\_\_\_\_ State \_\_\_\_\_ District \_\_\_\_\_ Continuous yrs. as a member \_\_\_\_\_

I am eligible through \_\_\_\_\_

Marital status \_\_\_\_\_ Dependents at home \_\_\_\_\_ Yes \_\_\_\_\_ No. If Yes, how many? \_\_\_\_\_

Employed \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, where? \_\_\_\_\_ Are you restricted to travel? \_\_\_\_\_ Yes \_\_\_\_\_ No. Explain \_\_\_\_\_

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Indicate below which national office/s you **do not** wish to be considered for:

Commander \_\_\_\_\_ Sr. Vice Commander \_\_\_\_\_ 1<sup>st</sup> Jr. Vice Commander \_\_\_\_\_

2<sup>nd</sup> Jr. Vice Commander \_\_\_\_\_ 3<sup>rd</sup> Jr. Vice Commander \_\_\_\_\_

4<sup>th</sup> Jr. Vice Commander \_\_\_\_\_ Chaplain \_\_\_\_\_ Judge Advocate \_\_\_\_\_

Are you active within your unit? Yes \_\_\_\_\_ No \_\_\_\_\_. Explain \_\_\_\_\_

\_\_\_\_\_

Indicate elected and/or appointed offices held in the following:

Unit \_\_\_\_\_

\_\_\_\_\_

State Department \_\_\_\_\_

\_\_\_\_\_

Are you holding any offices elected or appointed at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify \_\_\_\_\_

Title of **National** elective offices and chairmanships held and dates if known:

\_\_\_\_\_

\_\_\_\_\_

I have served on the following convention committees \_\_\_\_\_

\_\_\_\_\_

Times I have attended:

My state conventions \_\_\_\_\_ Other state conventions \_\_\_\_\_

National Fall Conferences \_\_\_\_\_ National Conventions \_\_\_\_\_

**Attach photograph**

(Over)

Name other organizations that you are active in and any position/s that you may hold.

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During past year, what have you participated in within the community? \_\_\_\_\_

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Please explain what you could contribute to those positions that you wish to be considered for.

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Do you realize that should you be selected and elected, it is for this year only and does not automatically guarantee future years? \_\_\_\_\_

This form is to be completed and returned to national headquarters no later than thirty days prior to a national convention in order to guarantee that the form can be reproduced for each member of the nominating committee. A list is also made up for the district caucus indicating members who are seeking office. Even though the constitution and bylaws do not state a time limit, National headquarters wants to see that all materials are presented as they should be and be fair to all.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Only this official form from National Headquarters shall be used when submitting your candidacy to the committee for consideration.

## APPLICATION FOR A NATIONAL CHAIRMANSHIP

Fill out this form completely and submit to:

DAV Auxiliary National Headquarters  
3725 Alexandria Pike  
Cold Spring, KY 41076

**Must be postmarked no later than April 15, 20XX**

Indicate the chairmanship(s) which you would prefer:

HOSPITAL\_\_\_\_\_ JR. ACTIVITIES\_\_\_\_\_ HISTORY\_\_\_\_\_ VAVS\_\_\_\_\_

Years in the Auxiliary as an active member\_\_\_\_\_. Do you attend your local unit meetings?  
Yes\_\_\_\_\_ No\_\_\_\_\_

List offices and chairmanships in your local unit and years served in each.

Number of State Conferences attended \_\_\_\_\_. Number of State Conventions attended \_\_\_\_\_.

List offices and chairmanships in your state and the years served in each.

Have you ever held a national elective office or appointive office? Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

Number of National Fall Conferences attended \_\_\_\_\_. Number of National Conventions attended \_\_\_\_\_. Number and name of Convention Committees you have served on.

Explain in your own words why you would like to be considered by the newly elected commander for the chairmanship that you have indicated above and what you think you can contribute to the organization. (A separate sheet must be attached for this portion of the form.)

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Membership Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Unit Name and Number

\_\_\_\_\_  
City, State, and Zip

\_\_\_\_\_  
Area Code, Phone Number

**Attach photograph**