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2024-2025 National Officers

National Commander	Christopher Easley
National Senior Vice Commander	Melissa Pierce
National 1 st Junior Vice Commander	Kathleen Wenthe
National 2 nd Junior Vice Commander	Terry Grabowski
National 3 rd Junior Vice Commander.....	Carolyn Harris
National 4 th Junior Vice Commander.....	Jane Casher
National Judge Advocate	Paula Raymond
Immediate Past National Commander.....	AnnMarie Hurley

2024-2025 National Executive Committee Members

NEC 1 st District.....	Janet Pratt
NEC 2 nd District.....	Josephine Rivera
NEC 3 rd District	Erin O'Brien
NEC 4 th District	Linda Applegate
NEC 5 th District	Loretta Nosko
NEC 6 th District	Jacque DuBose
NEC 7 th District	Amie Raber
NEC 8 th District	Donald Harris
NEC 9 th District	Ann Wilner
NEC 10 th District	Kimberly Olinger
NEC 11 th District	Carol Parker-Park
NEC 12 th District	Karen Eccles
NEC 13 th District	Terri Young
NEC 14 th District	Nancy Berndt
NEC 15 th District	Danny Pierce
NEC 16 th District	Joel Adema
NEC 17 th District	June Schow
NEC 18 th District	Holly Mulnix
NEC 19 th District	Diane Mason
NEC 20 th District	Sharon Thornton
NEC 21 st District.....	Kimberly Stake

2024-2025 Chairmen/Appointees

Americanism	Carolyn Harris
Community Service.....	Jane Casher
History Book Coordinator	Mary Ellen Bell
Junior Activities	Kimberly Stake
Legislative.....	Terry Grabowski
Mae Holmes Outstanding Unit	Melissa Pierce
Membership	Kathleen Wenthe
VAVS Representative	Patty Davis
VAVS Deputy	Ann Glende
Chaplain.....	Austin Blanton
Sergeant At Arms.....	Ann Wilner
Education Scholarship Fund Chairman	AnnMarie Hurley
Interim Constitution and Bylaws Chairman.....	Judy Steinhouse
Interim Constitution and Bylaws Committee	Pat Kemper
Interim Constitution and Bylaws Committee	Aura-Lee Nicodemus

2024-2025 State Officers

	<u>Commander</u>	<u>Adjutant</u>
Alabama	Donald Harris	Carolyn Harris
Arizona	Hope Mulnix	Holly Mulnix
Arkansas	Austin Blanton	Vera Hendrickson
California	David Bailey	Julie Weissman-Steinbaugh
Colorado	Kathy Phelps	Susan Miller
Delaware	Olivia Dittmar	Sarah Kashner
Florida	Terri Kornegay	Delores Roussey
Georgia	Lola Moses	Gia Gillies
Idaho	Freddie White	Karen Winn
Illinois	Karen Wendt	Paula Raymond
Indiana	Christi Lane	Lynn Swanson
Iowa	Carrie Harmon	Melissa Pierce
Kansas	Lois Hoehn	Marcella Storey
Kentucky	Aundra Lett-Jackson	Rachel O'Connor
Louisiana	Linda Durand	Kathleen Wenthe
Maine	Agnes Drost	Joan Clark-Fournier
Maryland	Francina Garry	Carol Simmons
Massachusetts	Elizabeth Butters	Janet Pratt
Michigan	Christina Alexander	Regina Fortner
Minnesota	Debbie Mason	Lyndsey Moe
Mississippi	Darlene McNair	Sandra Simpson Helms
Missouri	Ashley Temps	Linda Gerke
Montana	Patsy Medved	Meg Parsetich
Nebraska	Victoria 'Vicki' Cyboron	Harold Thompson, Jr.
New Hampshire	Sharon West	Jerilyn Maynard
New Jersey	Florence McLeod-Waller	Martha Meyers
New Mexico	Michelle Deming	Victoria Salazar
New York	Amy Jo Trulio-Rizzo	Brandon Mott
North Carolina	Kimberly Knowlton	Sandra Knowlton
North Dakota	Linda Otto	Judy Steinhouse
Ohio	Tammy Sigman	Joyce Hutchinson
Oklahoma	Millie Moseley	Linda Oliver
Oregon	Kathy Clampitt	Melody Partridge
Pennsylvania	Cathy Kennedy	Loretta Nosko
Rhode Island	Linda Folcarelli	Donna Folcarelli
South Carolina	Mary Ann Jensen	Ann Wilner
South Dakota	Karen Bolton	Wanda Mix
Tennessee	Mabel Irwin Rogers	Lynda Shepherd
Texas	Elaine Phillips	Darlene Spence
Utah	Sasha Wilde	June Schow
Vermont	Karen Rediker	Aura-Lee Nicodemus
Virginia	Pat McNabb	Linda Clevenger
Wisconsin	Bonnie Petersen	Patricia Davis
Wyoming	Rudi Smith	Bernard Smith
Puerto Rico	Aida Rodriguez	Noemi Burgos de Paneto

Commonly Used Acronyms

ADJ	Adjutant
AFR	Annual Financial Report
AUX	Auxiliary
C&B	Constitution and Bylaws
CAN	Commander's Action Network
CBOC	Community-Based Outpatient Clinic (VA)
CDCE	Center for Development and Civic Engagement (VA)
CLC	Community Living Center (VA)
CMDR	Commander
CRM	Customer Relation Management
CSO	Chapter Service Officer
CVSO	County Veterans Service Officer
DAV	Disabled American Veterans
EIN	Employer Identification Number
FMN	Forget-Me-Not
IPC	Immediate Past Commander
IRS	Internal Revenue Service
JA	Judge Advocate
JR	Junior
JVC	Junior Vice Commander
NEC	National Executive Committee
NHQ	National Headquarters
NOMCOM	Nominating Committee
NSO	National Service Officer
OER	Officer Election Report
PNC	Past National Commander
PSC	Past State Commander
SEC	State Executive Committee
SSR	State Standing Rules
SVC	Senior Vice Commander
TSO	Transition Service Officer
VAVS	Veterans Affairs Voluntary Service

PROPOSED CONSTITUTION AND BYLAW AMENDMENTS – 2024

1. Page N-14 – ARTICLE II – NATIONAL OFFICERS, Section 3: Eligibility for National Office, 3rd paragraph.

Now reads:

Elected National Officers, the Immediate Past National Commander, and National Executive Committee Members shall not be eligible to serve simultaneously as the Commander of any State Department.

Amend by deleting “the Immediate Past National Commander, and National Executive Committee Members”.

Paragraph will then read:

Elected National Officers shall not be eligible to serve simultaneously as the Commander of any State Department.

Rationale: To agree with the 2023 delegate-approved amendment allowing National Executive Committee Members to serve as State Commanders. Reference: Page N-20, ARTICLE V – NATIONAL COMMITTEES AND CHAIRMEN, Section 1: National Executive Committee, 4th paragraph. Paragraph was not previously amended due to an oversight. Additionally, allows an Immediate Past National Commander to serve as a State Commander as they have no other conflicting duties as the NEC member limitation has been removed.

2. Page N-28: ARTICLE VII – MEMBERSHIP, Section 6: Membership Classification, A. LIFE MEMBERSHIP, 3rd paragraph. Replace with the following paragraph:

A Life membership may be secured on a payment plan and shall continue only as long as there are sufficient funds to make annual distributions. Life membership fee shall be \$300 for ages 18-79. Age 80 and over shall be complimentary. Minimum down payment is \$20, unless otherwise specified. Birth date must be indicated on the membership application. The balance of any existing Life member account shall not be affected by Life membership fee increases.

Rationale: In order to maintain the viability of the declining Life Membership Fund and distributions to state departments and units, an increase, from \$250 to \$300, in the amount of life membership is necessary. This also clarifies that Life membership fee increases only apply to NEW Life members and does not change the amount due for existing Life members.

3. Page N-28: ARTICLE VII – MEMBERSHIP, Section 6: Membership Classification, A. LIFE MEMBERSHIP, Paragraph 4: Add a comma after “upon attaining the age of 80” on the second line.

Rationale: Housekeeping issue to be grammatically correct.

4. Page N-29 – Article VII – MEMBERSHIP, Section 6: Membership Classification, C: JUNIOR MEMBERSHIP, 2nd paragraph. Insert “a parent or legal guardian has signed the application and” as indicated below.

Paragraph will then read:

New Junior and Junior Life membership applications shall be processed upon receipt at national headquarters **only if a parent or legal guardian has signed the application and a date of birth is provided.**

Rationale: Compliance with federal and state regulations established to protect the rights and privacy of minor children.

5. **Page N-30 – Article VII – MEMBERSHIP, Section 6: Membership Classification, C: JUNIOR MEMBERSHIP, 4th paragraph, first sentence. Insert “with parental or legal guardian consent and signature”.**

Sentence will then read:

A Junior Life membership may be secured on a payment plan, **with parental or legal guardian consent and signature for each payment**, through age 17 at which time if said life membership is not paid in full, the membership shall continue only as long as there are sufficient funds to make annual distribution. Said life membership fee shall be equivalent to the current life membership at age 18. The minimum down payment to start the life membership is \$20, unless otherwise specified.

Rationale: Compliance with federal and state regulations established to protect the rights and privacy of minor children and to maintain the viability of the declining Life Membership Fund. This also clarifies that Life membership fee increases only apply to NEW Life members and does not change the amount due for existing Life members.

6. **Page N-30 – Article VII – MEMBERSHIP, Section 6: Membership Classification, C: JUNIOR MEMBERSHIP, 7th paragraph. Insert “only after completing a Junior Charter Consent Form with parental and/or legal guardian signatures”.**

Paragraph will then read:

Junior groups of ten (10) or more members may be granted a Junior Charter upon application to National Headquarters **only after completing a Junior Charter Consent Form with parental and/or legal guardian signatures.**

Rationale: Compliance with federal and state regulations established to protect the rights and privacy of minor children.

7. **Page S-5 – ARTICLE III – STATE OFFICERS, Section 3: Eligibility for State Office, 3rd paragraph.**

Now reads:

Elected National Officers, the Immediate Past National Commander, and National Executive Committee Members shall not be eligible to serve simultaneously as State Commander.

Amend by deleting “the Immediate Past National Commander, and National Executive Committee Members”.

Paragraph will then read:

Elected National Officers shall not be eligible to serve simultaneously as State Commander.

Rationale: To agree with the 2023 delegate-approved amendment allowing National Executive Committee Members to serve as State Commanders. Reference: Page N-20, ARTICLE V – NATIONAL COMMITTEES AND CHAIRMEN, Section 1: National Executive Committee, 4th paragraph. Paragraph was not previously amended due to an oversight. Additionally, allows an Immediate Past National Commander to serve as a State Commander as they have no other conflicting duties as the NEC member limitation has been removed.

8. **Page S-8 – Article IV – DUTIES OF STATE OFFICERS, Section 6: State Adjutant, c. Delete “(2 copies)”.**

The sentence will then read:

c. Supplement to State Bylaws.

Rationale: Employing the use of scanners and electronic communications has eliminated the need for additional copies.

Pg S-19 (a./b.) and S-20 (note) – remove two copies as well.

9. **Page S-8 – Article IV – DUTIES OF STATE OFFICERS, Section 6: State Adjutant, d. Delete “(2 copies)”.**

The sentence will then read:

d. Adopted amendments to the State Standing Rules.

Rationale: Employing the use of scanners and electronic communications has eliminated the need for additional copies.

10. **Page S-9 – Article IV – DUTIES OF STATE OFFICERS, Section 6: State Adjutant. Add new paragraph under e. to read:**

The State Adjutant shall comply with the request(s) of the national headquarters or National Judge Advocate in order to achieve final approval of the State Standing Rules and Supplement to State Bylaws. Said request(s) shall be addressed and remitted to national headquarters within fourteen (14) days of National Judge Advocate notification.

Rationale: To ensure the timely submission of necessary documents in order to maintain the state department’s good standing and to prevent penalization.

11. **Page S-9 – Article IV – DUTIES OF STATE OFFICERS, Section 6: State Adjutant. Reverse the order of the last two paragraphs to read:**

The State Adjutant shall also be responsible for sending to National Headquarters within five (5) days after the close of state convention, the winning program reports, by category, judged at state convention.

A copy of the financial report for the previous fiscal year and a copy of the appropriate IRS Form 990 shall be forwarded to National Headquarters no later than September 30.

Rationale: Realignment separates the financial report and IRS Form 990 paragraph from the post-convention duties.

12. Page U-1 – ARTICLE IV – EXECUTIVE BOARD, Section 1. Replace Section 1 and Add a Section 2 as follows:

Section 1: If a unit desires to have an executive board, it shall be composed of the Commander, Senior Vice Commander, Junior Vice Commander, Treasurer, Immediate Past Commander, and the Elected Executive Board Members or their Alternates. A majority shall constitute a quorum.

Units with fifty (50) life members or less shall elect two (2) Executive Board Members from the floor. Units with more than fifty (50) life members shall elect four (4) Executive Board Members from the floor. If there is not an Immediate Past Commander, an additional Executive Board Member shall be elected from the floor.

Section 2: This Board shall transact the business of the Auxiliary between meetings of the Unit and make recommendations; provided, however, that none of its actions conflict with any actions taken by the Unit. The minutes of all Executive Board meetings must be read at the next regular meeting of the unit for approval by the Unit.

Rationale: This brings all information regarding the composition and duties of a Unit Executive Board into a single location and adds a condition to ensure the Executive Board is composed of an odd number of members when there is a vacancy in the Immediate Past Commander position.

If approved, **ARTICLE XII – DUTIES OF UNIT EXECUTIVE BOARD** on Pages U-9 and U-10 will be **deleted**. All remaining **ARTICLES** throughout the **STANDARD LOCAL UNIT BYLAWS** will be **renumbered**.

CUSTOMER RELATIONS MANAGEMENT (CRM) EXTERNAL PORTAL

WHAT IS CRM?

- The Customer Relations Management (CRM) system encompasses all departments within DAV, including Auxiliary, Membership, Voluntary Services, Charitable/Service Foundation, RMO, Fundraising, and Accounting.

SIGNING UP: A FEW HELPFUL TIPS

- Only lines with the red asterisk (*) must be completed.
- You **must** make sure your membership number is correct.
- Your Username cannot be your email address.
- Your Password must be at least 12 characters.
- Passwords must include both alpha and numeric characters
- Passwords must include one special character
- Be sure to record your username and password. If you forget your password, click on the “Forgot Password” link.

SIGNING UP FOR THE CRM EXTERNAL PORTAL

Go to the MyDav website - <https://www.mydav.org/member-registration?tab=1>

New User Registration

First Name:

Last Name:

Gender:

Preferred Email:

Home Phone:

Country:

Address:

City:

State:

ZIP:

Birth Date:

Membership Number:

Account Information

Username:

Password:

I agree to terms

Submit

CONTINUING THE PROCESS...

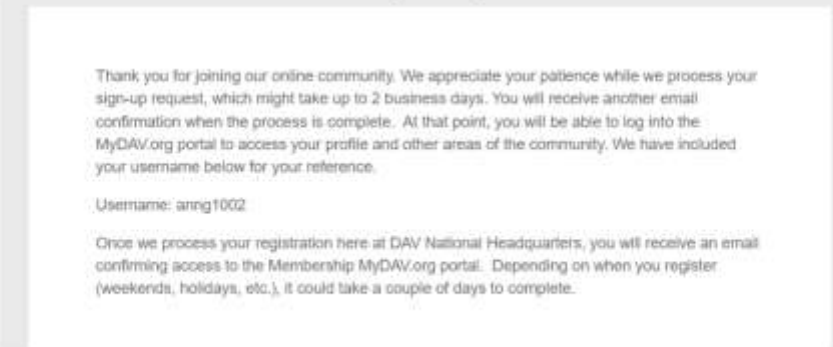
Once you have registered, you will receive a confirmation:



CONTINUING THE PROCESS...

Shortly after registering, **you will receive an email** from MembershipAssistant@dav.org letting you know that your registration has been received. Be sure to check your junk/spam folders if you don't see it in your inbox. This email will contain your username.

NOTE: You will not have access to the system yet!



CONTINUING THE PROCESS...

Your request to log into the system will be recorded, batched, and sent to Auxiliary staff. Staff will then approve your request. Once this is done, you will receive an additional email. Remember, it could take up to two business days to process your request. Check your junk/spam if you do not see the email in your inbox.

Welcome to the DAV/DAV Auxiliary MyDAV.org Portal!

Your MyDAV.org portal account request has been processed. You can now log into the portal to view your profile and update your details. If you have forgotten your password, you can submit a [password reset request](#) from the [login page](#).

[Log in Now](#)

We look forward to interacting with you and hope that you enjoy the MyDAV.org portal.

LOGGING IN...

Now that your signup has been processed, you are ready to log into the CRM External Portal. Visit www.mydav.org/login and enter your username and password.

VETERANS [Need Claims Help?](#) | MEMBERSHIP [Join](#), [Track](#), [Stop](#) | LEARN MORE [Learn About Our Mission](#) | HELP DAV [Support](#), [Volunteer](#), [Advocate](#)

Please enter your username and password below.

Login

Username:

Password:

Remember Me

[Forgot your password?](#)

LOGGING IN...

Can't remember your password? Click on the Forgotten Password link at the bottom of the page. **NOTE: DAV Auxiliary staff cannot reset your password!**

VETERANS [Need Claims Help?](#) | MEMBERSHIP [Join](#), [Track](#), [Stop](#) | LEARN MORE [Learn About Our Mission](#) | HELP DAV [Support](#), [Volunteer](#), [Advocate](#)

Please enter your username and password below.

Login

Username:

Password:

Remember Me

[Forgot your password?](#)

UTILIZING CRM...

When you have entered your credentials, you are now into the CRM system! Congratulations!

MEMBERSHIP CRM

- Member Profile**
View your membership details, including Department, Chapter or Unit, Membership number.
- Update Username and Password**
Change your CRM profile username and/or password.
- DAVA Membership Payment History**
View your Auxiliary membership pledge and payment details. Make a payment toward your Auxiliary membership balance.
- Notification of Deceased**
Send notification of a deceased member to the DAVA National Headquarters Membership Department.
- Membership Card Request**
Submit a request for a new membership card.
- Report Repository**
Department, Chapter, and Unit reports.

UTILIZING CRM...

Membership Profile – provides membership details for **YOUR** membership. You cannot obtain other member profiles to make changes!

MEMBERSHIP CRM

- Member Profile**
View your membership details, including Department, Chapter or Unit, Membership number.
- DAVA Membership Payment History**
View your Auxiliary membership pledge and payment details. Make a payment toward your Auxiliary membership balance.
- Membership Card Request**
Submit a request for a new membership card.

Adjutant, AIR DEPARTMENT OF WISCONSIN
Officer Authorized to Receive Mail, AIR DEPARTMENT OF WISCONSIN

Your memberships

Department	Chapter/Unit
49 - AIR Wisconsin	Cherry Valley #10
Status: Active	Account Type: Full Life
Membership number: 400064257	Active Positions: 1. Order Staff Executive Committee Member, Officer Authorized to Receive Mail, Adjutant, Treasurer, Legislative Chairman, AIR
Department #: 49	Chapter/Unit #: 10
Department: 04 - AIR California	Chapter/Unit: Oakland #1
Status: Active	Account Type: Full Life
Membership number: 000000000	Active Positions: 1. Member
Department #: 4	Chapter/Unit #: 1

UTILIZING CRM...

DAVA Membership Payment History – provides membership payment details for all of **YOUR** DAV Auxiliary membership/s.

MEMBERSHIP CRM

- Member Profile**
View your membership details, including Department, Chapter or Unit, Membership number.
- DAVA Membership Payment History**
View your Auxiliary membership pledge and payment details. Make a payment toward your Auxiliary membership balance.
- Membership Card Request**
Submit a request for a new membership card.

Adjutant-Administrative Staff

SEARCH: FILTER:

SEARCH BY: FILTER BY:

ID	AMOUNT	STATUS	DATE	DESCRIPTION	MONTHLY
1000000000	100.00	Payment	04 - 2014 California	04	
1000000000	100.00	Payment	04 - 2014 California	04	
1000000000	100.00	Payment	04 - 2014 California	04	
1000000000	100.00	Payment	04 - 2014 California	04	
1000000000	100.00	Payment	04 - 2014 California	04	
1000000000	100.00	Payment	04 - 2014 California	04	

Page 1 of 1

Change Unit	Membership Fee	Service Fee
100.00	100.00	100.00

UTILIZING CRM...

Membership Card Request – Did **YOU** lose your card? Damage it? Request a new one here!

MEMBERSHIP CRM

- Member Profile**
View your membership details, including Department, Chapter or Unit, Membership number.
- DAW Membership Payment History**
View your DAW's membership status and payment details. Make a payment toward your liability membership balance.
- Membership Card Request**
Submit a request for a new membership card.

MEMBERSHIP CARD REQUEST
Back to Membership CRM

Please update your Membership Number and provide your reason. The Membership Number must MATCH the number of Board with the membership for which you are requesting a new card.

If the Membership Number or the Issue Reason fields are already populated, a request cannot be submitted. Please do not submit another request until both fields are blank. A duplicate and pending request might be needed. Please check your pending request has already been processed, please try logging out and logging back into the portal.

YOUR MEMBERSHIP NUMBER(S)

OR: Add 1st/Last / ID / District # / Membership Number #0000000000
OR: Add 1st/Last / ID / District / Club # / Membership Number #0000000000

Membership Number:

OR Issue Reason:

Submit

UTILIZING CRM...

Update Username and Password – Need to change your login information? Do it here!

Update Username and Password
Change your CRM portal username and/or password.

Notification of Deceased
Send notification of a deceased member to the DAW National Headquarters Membership Department.

Report Repository
Department, Chapter, and Unit reports.

USERNAME AND PASSWORD
Back to Membership CRM

Username:

Password:

12 characters or more

Confirm Password:

Submit

UTILIZING CRM...

Notification of Deceased – Has a member of your unit passed away? Report it here.

Update Username and Password
Change your CRM portal username and/or password.

Notification of Deceased
Send notification of a deceased member to the DAW National Headquarters Membership Department.

Report Repository
Department, Chapter, and Unit reports.

DECEASED NOTIFICATION
Back to Membership CRM

Please complete this form to notify us that a member has deceased.

Deceased Full Name:

Deceased Membership Number:

Deceased Date:

Submit

UTILIZING CRM...

Report Repository – Need a report? Process the request here.



RUNNING REPORTS...

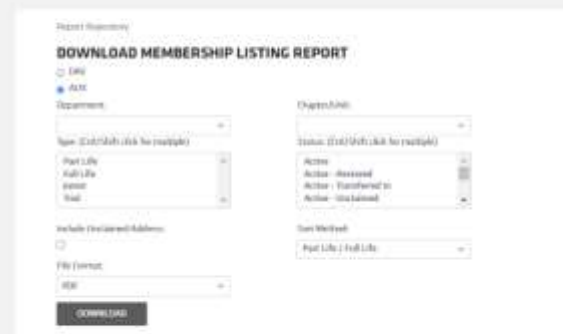
Population Summary -



- ✓ Select the AUX radial button
- ✓ Select your Department
- ✓ Select your unit (or, if a state department running a full report, select Department)
- ✓ Click Download (you must turn off pop-up blockers, as report will generate in a new window)

RUNNING REPORTS...

Membership Listing Report -



RUNNING REPORTS...

Membership Listing Report -

- ✓ Type: AUX radial button
- ✓ Department: Select from drop down
- ✓ Chapter/Unit: Select from drop down (or, if a state department running a full report, select Department)
- ✓ Type: (Ctrl/Shift for multiple) – PL, FPL, and Junior
- ✓ Status: (Ctrl/Shift for multiple) –
 - Active
 - Active – Transferred In
 - Active – Unclaimed
 - Inactive/Unable to Distribute
 - Junior
- ✓ Include Unclaimed Address: Check box if desired
- ✓ Sort Method: Select from list provided
- ✓ File Format: Select from list provided
- ✓ Click Download (you must turn off pop-up blockers, as report will generate in a new window)

RUNNING REPORTS...

Historical Population Summary – Automatically Generated Each Monday



Report Repository

DOWNLOAD HISTORICAL POPULATION SUMMARY REPORT

DMR
 AUX

Department:

Chapter/Unit:

Run Date:

- ✓ Type: AUX radial button
- ✓ Department: Select from drop down options
- ✓ Chapter/Unit: Select unit (or, if a state department running a full report, select Department)
- ✓ Run Date: Select the desired date from options available (ran each Monday)
- ✓ Click Download (you must turn off pop-up blockers, as report will generate in a new window)

RUNNING REPORTS...

Membership Activity Report -



Report Repository

DOWNLOAD MEMBERSHIP ACTIVITY REPORT

DMR
 AUX

Department:

Chapter/Unit:

Start Date:

End Date:

File Format:

File Format:

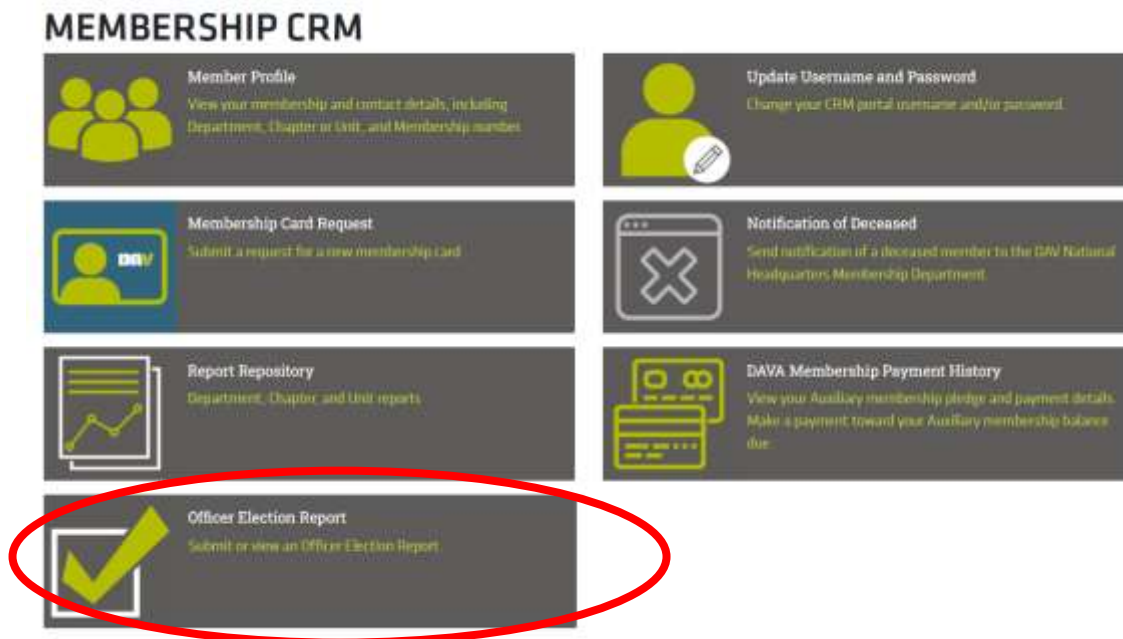
File Format:

File Format:

- ✓ Type: AUX radial button
- ✓ Department: Select from drop down options
- ✓ Chapter/Unit: Select unit (or, if a state department running a full report, select Department)
- ✓ Start Date: The date you wish the report to start from
- ✓ End Date: The date you wish the report to end at
- ✓ Click Download (you must turn off pop-up blockers, as report will generate in a new window)

Entering an Officer Election Report (OER) on the External Portal

1. Log in to the external CRM portal using your username and password.
2. Once you log in, you'll be on the landing page. Look for the box that says "Officer Election Report" and click it.



3. You are now in the OER section of the external portal. Select the AUX radial button.

If you are entering a state officer report, next you will follow these directions:

1. Any department that you are a member will be visible in the "Department" drop down. Select **your** active department.
2. Next, select **Department** from the drop down since you are entering a state officer report.
3. The page will refresh and you will see the following:

The screenshot shows the OER section of the external portal. At the top, there is a 'BACK TO MEMBERSHIP CRM' link. Below it, there are radio buttons for 'DAV' and 'AUX', with 'AUX' selected. There are three dropdown menus for 'Department', 'Chapter/Unit', and 'Department'. The first 'Department' dropdown is set to '48 - AUX Wisconsin'. Below the dropdowns, it says 'Showing 1 to 5 of 21 entries'. A table displays the following data:

Membership Year	Status	Last Modified By	
2023 / 2024	Not Started		Start
2022 / 2023	Approved		Revise View
2021 / 2022	Approved		View
2020 / 2021	Approved		View
2019 / 2020	Approved		View

At the bottom, there is a 'Show 5 entries' dropdown, a pagination control with 'Previous', '1', '2', '3', '4', '5', and 'Next', and a search box.

- a) Membership Year – you will see the current year, and the previous years. You may notice that some are not included, and that is because of the conversion of Legacy to CRM. Don't be alarmed – that doesn't mean we don't have them.
- b) Status – The top row should say “Not Started” because that is the most recent report that needs to be entered. All other reports after that should have a status of Approved.
- c) Last Modified – this column could be blank. If we had to go in and modify the report, perhaps because of the resignation of an officer or some type of extenuating circumstance, the date of the revision will be in this column.
- d) Options – you will only be able to start the most recent report. If the last column wants you to start a report for any period prior to the current (2023 / 2024), please notify our office as soon as possible. The subsequent years report will be next, and you will have an option to either view the report or revise it. Unless you have had a change of officer, you should not revise the previous year's report. The remaining reports will be view only.

4. Click Start on the report for 2023 / 2024.

5. You will now have the Officer Election Form. For State Departments, there is very limited information that needs to be completed on the top section.

- a) Date of annual election (mm/dd/yyyy)
- b) Date of annual installation (mm/dd/yyyy)
- c) Election month (select from drop down)

OFFICER ELECTION FORM

Organizational Details

Organization: AUX	Membership Year: 2023 / 2024
Department: 48 - AUX Wisconsin	Chapter/Unit: Department
Employer ID (EIN): 237338049	Date of Annual Election: <i>*Required</i> mm/dd/yyyy
State: WI	Date of Installation: <i>*Required</i> mm/dd/yyyy
City: Wisconsin	Election Month: June
Web Site Address: 	

Meeting Details

Address of Regular Meetings: 	Meeting Day of Week: None
City: 	Meeting Week(s): <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Last
State: WI	Meeting Month(s): <input type="checkbox"/> All Year <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December
Zip: 53154	Meeting Time: 10:00:00 AM

- You are now ready to start inserting your officers. You will notice that each position will be blank. The list officers goes in order (Commander, Senior Vice Commander, etc.)
- Click the magnify glass next to the first position. A new box will populate that will allow you to search for the member. The easiest way – enter their membership number. If you don't have a membership number, you'll need to search by name.

Member Search □

Searching for Commander

Lookup ID / Member ID

Membership #

Last Name

First Name

Middle Name

Suffix

Date of Birth

Address Line 1

- After you have scrolled down and hit “Search” the results will populate. Any member that has the “Select” button greyed out is not eligible to hold an office (they could be a Junior, inactive, etc.). Once you find, and verified, the individual you are looking for, click “Select.”

Max of 100 members returned.

Constituent Lookup: 13263503 Membership Number: 4801911977184 Membership Account Type: Junior	Name: <div style="border: 1px solid black; padding: 10px; width: 150px; height: 100px; margin: 0 auto;"> Not Eligible - Junior </div>	South Milwaukee, WI, 53172-4232 Status: Junior Department: 48 - AUX Wisconsin Chapter/Unit #: 19 - Milwaukee #19 <div style="text-align: center; margin-top: 5px;"> <input type="button" value="SELECT"/> </div>
Constituent Lookup: 12290156 Membership Number: 4801910664052 Membership Account Type: Part Life	Name: <div style="border: 1px solid black; padding: 10px; width: 150px; height: 100px; margin: 0 auto;"> Eligible </div>	53126-9450 Status: Active Department: 48 - AUX Wisconsin Chapter/Unit #: 19 - Milwaukee #19 <div style="text-align: center; margin-top: 5px;"> <input type="button" value="SELECT"/> </div>

9. The page refreshes and the contact information for the officer is inserted. **NOTE: You cannot change any contact information, including address, city, state, zip code, email, or phone number.** Those corrections must come through to national headquarters or be corrected by the member on their own record.
10. Continue the process of entering state officers for each of the required fields. **Required: Commander, Senior Vice Commander, Junior Vice Commander (will only be able to insert the 1st Junior Vice Commander), Adjutant, Treasurer, and Judge Advocate.**
11. After you have entered all of the information, you are ready to review your work. Verify that you have the correct state, date of election/installation, and that each officer has been assigned correctly. Also, make sure that the Adjutant information has transferred to the Officer Authorized to Receive Mail section.
12. You are now ready to Sign and Submit. To do this, you will enter your membership number in the required section. Once you do this, the page will repopulate and your information will be automatically inserted into the Title of Officer and Name section.
13. Once you are completely satisfied with your work, click “Submit.” Know that after you hit submit, it will not automatically be approved. Instead, it goes into a national headquarters queue that we will need to verify.
14. Also, you will receive two emails. The first one will be that the report was submitted to national headquarters. The second one will be the outcome of the report after it was reviewed – whether it was accepted or if corrections are needed.

If you are entering a unit officer report, next you will follow these directions:

1. Any department that you are a member will be visible in the “Department” drop down. Select **your** active department.
2. Next, select the unit you are doing the report for from the drop down.
3. The page will refresh and you will see the following (please refer to step #3 above to see each definition.)

[BACK TO MEMBERSHIP CRM](#)

DAV
 AIX

Department:
 48 - AIX Wisconsin

Chapter/Unit:
 03 - Russell Leicht #3

Showing 1 to 5 of 22 entries

Membership Year	Status	Last Modified By	
2023 / 2024	Not Started		Start
2022 / 2023	Approved		Review View
2021 / 2022	Approved		View
2020 / 2021	Approved		View
2019 / 2020	Approved		View

Show 5 entries

Previous 1 2 3 4 5 Next Search

4. Click Start on the report for 2023 / 2024.
5. You will now have the Officer Election Form. Fill in the following:
 - d) Date of annual election (mm/dd/yyyy)
 - e) Date of annual installation (mm/dd/yyyy)
 - f) Election month (select from drop down)
6. You will also need to update the meeting information. **NOTE: If you are meeting at a specific place, like a restaurant or VFW Post, please do not include the name of the place. Simply add the address only.**
 - a) Address of regular meetings
 - b) City
 - c) State (will automatically be populated)
 - d) Zip
 - e) Meeting Day of the Week
 - f) Meeting Week
 - g) Meeting Months
 - h) Meeting time (must be a 0:00:00 PM or 0:00:00 AM format)

Meeting Details

<p>Address of Regular Meetings:</p> <div style="border: 1px solid #ccc; padding: 5px; min-height: 50px;"> Ste A 1253 Scheuring Rd </div>	<p>Meeting Day of Week:</p> <div style="border: 1px solid #ccc; padding: 5px;"> Thursday ▼ </div>
<p>City:</p> <div style="border: 1px solid #ccc; padding: 5px;"> De Pere </div>	<p>Meeting Week(s):</p> <p> <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Last </p>
<p>State:</p> <div style="border: 1px solid #ccc; padding: 5px; background-color: #f0f0f0;"> WI </div>	<p>Meeting Month(s):</p> <p> <input checked="" type="checkbox"/> All Year <input checked="" type="checkbox"/> January <input checked="" type="checkbox"/> February <input checked="" type="checkbox"/> March <input checked="" type="checkbox"/> April <input checked="" type="checkbox"/> May <input checked="" type="checkbox"/> June <input checked="" type="checkbox"/> July <input checked="" type="checkbox"/> August <input checked="" type="checkbox"/> September <input checked="" type="checkbox"/> October <input checked="" type="checkbox"/> November <input checked="" type="checkbox"/> December </p>
<p>Zip:</p> <div style="border: 1px solid #ccc; padding: 5px;"> 54115-1070 </div>	<p>Meeting Time:</p> <div style="border: 1px solid #ccc; padding: 5px;"> 7:00:00 PM </div>

7. You are now ready to start inserting your officers. You will notice that each position will be blank. The list officers goes in order (Commander, Senior Vice Commander, etc.)
8. Click the magnify glass next to the first position. A new box will populate that will allow you to search for the member. The easiest way – enter their membership number. If you don't have a membership number, you'll need to search by name.

10. After you have scrolled down and hit “Search” the results will populate. Any member that has the “Select” button greyed out is not eligible to hold an office (they could be a Junior, inactive, etc.). Once you find, and verified, the individual you are looking for, click “Select.”
11. The page refreshes and the contact information for the officer is inserted. **NOTE: You cannot change any contact information, including address, city, state, zip code, email, or phone number.** Those corrections must come through to national headquarters or be corrected by the member on their own record.
12. Continue the process of entering state officers for each of the required fields. **Required: Commander, Senior Vice Commander, Junior Vice Commander (will only be able to insert the 1st Junior Vice Commander), and Adjutant, Treasurer. All units will hopefully also have their SEC and Alternate SEC elected.**
13. After you have entered all of the information, you are ready to review your work. Verify that you have the correct state, date of election/installation, and that each officer has been assigned correctly. Also, make sure that the Adjutant information has transferred to the Officer Authorized to Receive Mail section.
14. You are now ready to Sign and Submit. To do this, you will enter your membership number in the required section. Once you do this, the page will repopulate and your information will be automatically inserted into the Title of Officer and Name section.
15. Once you are completely satisfied with your work, click “Submit.” Know that after you hit submit, it will not automatically be approved. Instead, it goes into a national headquarters queue that we will need to verify.
16. Also, you will receive two emails. The first one will be that the report was submitted to national headquarters. The second one will be the outcome of the report after it was reviewed – whether it was accepted or if corrections are needed.

Where is Americanism in America?

?

An outline map of the United States, including Alaska and Hawaii, is centered on the page. The map is drawn with a simple black line.

Where is Americanism in
America?

It is

Everywhere

Lets put the

Spot Light on Americanism

What is Americanism? It is showing pride in being an American through promoting **Americanism Programs, programs on citizenship and civic involvement, on how important it is to register to vote, etc.**

Learning about **Flag etiquette: presenting material on how to display the flag, the history of the American Flag, proper flag disposal, etc**

Presentations of American Flags to school, passing out flags and displaying the American Flag on patriotic holidays.

Unit meetings should hold discussions on Americanism.

Support and Observe Patriotic Holidays: Flag Day, Memorial Day, Independence Day, Veterans Day, etc.

Special Americanism Programs like: POW/MIA Recognition Day, Pearl Harbor Day Programs, National Veterans Day Programs, etc.

There are many more ways to promote and show Americanism. The above information will give units a good start on completing their Americanism and Special Americanism reports.

For this 2024 – 2025 year, I am asking units to share with us their Americanism activities. As your unit promotes Americanism share those activities with me and it will be highlighted in my Americanism Article. Include unit name, number and State Department and email to: carolynhamericanism@gmail.com.

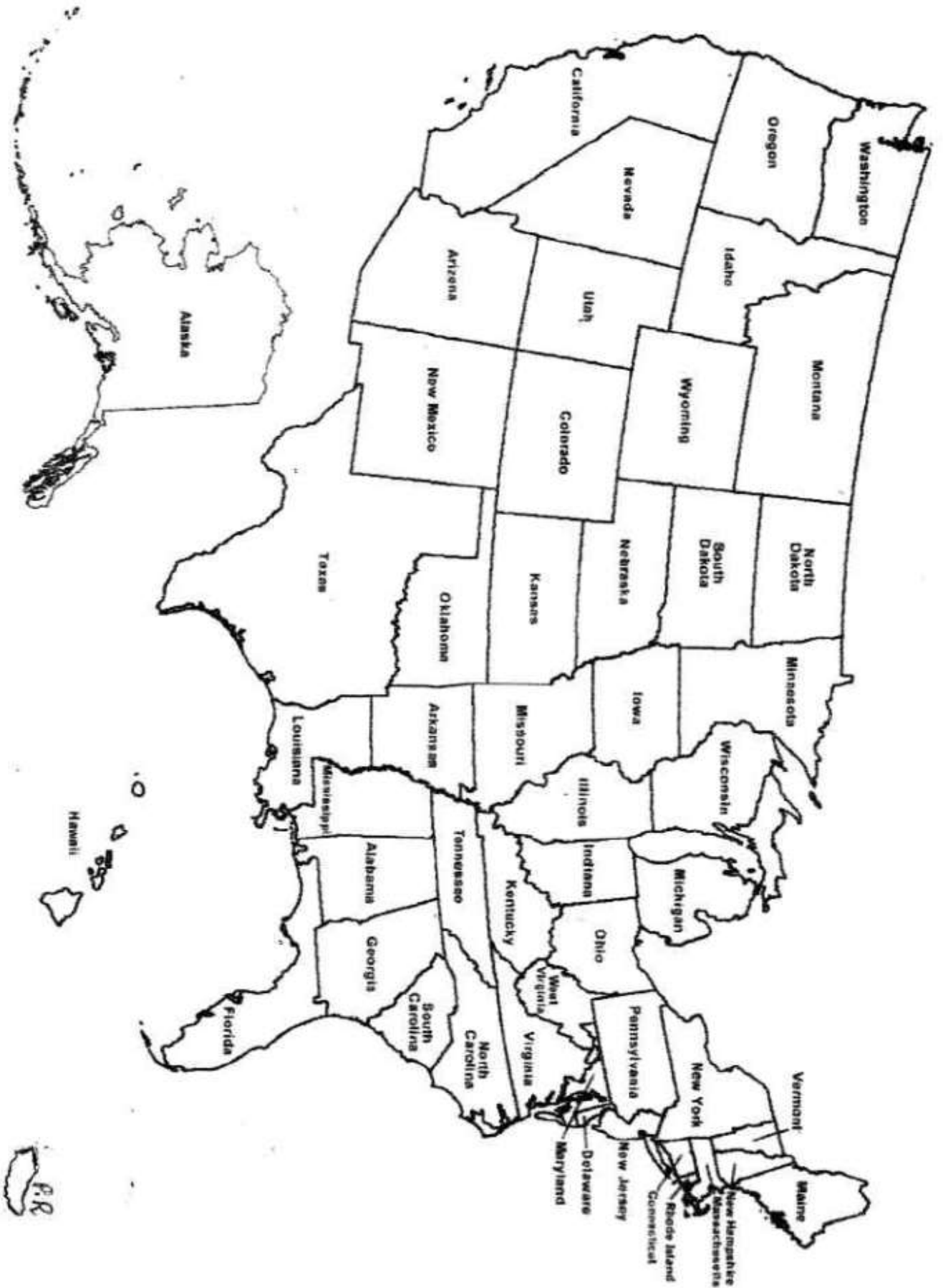
On the following page is a map of the United States of America. As I receive information from units on Americanism your state will be highlighted. It is my hope that before this year is over every state will be highlighted.

Lets put the Spot Light on
Americanism

Promote it

Show it

Share it



Important Military Holidays and Observances

February 3 – Four Chaplains Day	February 19 – Coast Guard Reserve Birthday
March 3 – Navy Reserve Birthday	March 13 – K-9 Veterans Day
March 25 – Medal of Honor Day	March 29 – Vietnam Veterans Day
April 5 – Gold Star Spouses Day	April 14 – Air Force Reserve Birthday
April 23 – Army Reserve Birthday	May 1 – Silver Star Banner Day
Friday before Mothers Day - Military Spouse Appreciation Day	May – National Military Appreciation Month
May – Month of the Military Caregiver	May 13 – Children of the Fallen Patriots Day
May 18 – Armed Forces Day	Memorial Day – Last Monday in May
June is PTSD Awareness Month	June 6 – Anniversary of the D-Day Landing at Normandy
June 14 – U. S. Army Birthday	June 14 – Flag Day
June 23 – Coast Guard Auxiliary Birthday	July 4 – Independence Day
July 27 – Korean War Veterans Armistice Day	August 4 – Coast Guard Birthday
August 7 – National Purple Heart Day	August 29 – Marine Forces Reserve Birthday
September 11 – Patriot Day	September 18 – Air Force Birthday
POW/MIA Recognition Day – the Third Friday in September	Gold Star Mother's and Family Day – the Last Sunday in September
October 13 – Navy Birthday	October 26 – National Day of the Deployed
November – National Veterans and Military Families Month	November 10 – Marine Corps Birthday
November 11 – Veterans Day	December 7 – Pearl Harbor Remembrance Day
December 13 – National Guard Birthday	December 20 – Space Force Birthday

Americanism

Promote it and Show it

Community Service

The key to the success of this organization is found in the DAV Auxiliary members. Unlock your Creativity!

Community Service is an outreach program that provides a service to the Disabled American Veterans and their Families that reside within your area. They do not have to be members of the DAV or the DAV Auxiliary.

Build a partnership with the local community, watch for events that would enable your Unit to be visible, for example parades, vendor fairs, and membership drives. Wear clothing that represents the DAV Auxiliary and always carry a DAVA application.

Work with your DAV Chapter, if you have one. The Community loves to see activities that include both the Chapter, and the Auxiliary become a team. Cheer for each other, provide a positive atmosphere and have fun.

Your local newspapers love to interview and print exceptional stories of the DAV Auxiliary members making a difference in the lives of the Disabled American Veterans and their Families. When interviewed, state facts only, when using pictures have permission from the members that appear in the photo. Junior Auxiliary members require a signed Parental/Legal Guardian Membership application to be on file at Nationals. If you need further guidance pertaining to Publicity and Social Media refer to the DAV Auxiliary Procedure and Program Manual on page 43 and do not forget to Smile.

Recommendation from the 2024 National Judging Committee is to attach a detailed explanation if donations are over \$1000. total. Itemize in detail each category with the amount of donation. Make sure to follow the DAVA guidelines, all donations must be for Veterans and their Families.

Community Service Report

- A. State Adjutant mails or emails copies of the report to the units. The postmark date is set by the State.
- B. Complete the report header
 - Name of Unit (the official Chartered name of the unit)
 - Unit Number
 - City and State
 - Number of Senior Members
 - Total number of Senior members working on Community Service

Read the Instructions

- C. Monetary donations by Unit – must be issued by Unit Checks
- D. Value all other Donations
 - Use Community Service **Table of Value** as your Guideline
 - New clothing Actual Cost
 - Used Clothing ½ Original Cost
 - Food..... Actual Cost
 - New furniture Actual Cost
 - Used furniture ½ Original Cost
 - New household items..... Actual Cost
 - Used household items ½ Original Cost
 - Personal items Actual Cost
 - Gifts Actual Cost
 - Professional/Trade Services ... Actual Cost
 - Layman services for above (provider not certified, licensed, etc.) ½ Cost
 - Parties & entertainment Actual Cost
 - Guideline chart is in the DAV Auxiliary Procedure and Program Manual on Page 74-75
- E. Cash Donations from Members
- F. Sign and submit your report: Signature of Commander and/or Chairman required

COMMUNITY SERVICE REPORT 2024-2025

Fill out in triplicate. Send two copies to
address listed at right:

State Adjutant Name & Address

Keep one copy for Unit files.

A

Must be postmarked by: xxx/xx/2024

Print Legibly

NAME OF UNIT Official Chartered Name of Unit **B** UNIT NUMBER xx
 CITY Memory Lane STATE Any State
 NUMBER OF SENIOR MEMBERS xx Total senior members working on Community Service xx

Refer to the **Community Service Table of Values**, as your guideline. Monetary donations by the Unit should be listed only in the column designated for Unit Checks. All other cash donations from members should be listed in the last column. If the total amount exceeds **\$1,000**, attach itemized explanation of expenditures. Additional explanation and detail of unit activities may be attached (limit to three pages). *The report of services provided by the unit members within the community may not include relatives.

	C	D	E		
	Miles	Hours	Donations by Unit Checks		
			Value all Other Donations		
			Cash Donations from Members		
1. Family Services: Direct aid to families, visits, clothing, food, errands, transportation, etc.	_____	_____	\$ _____	\$ _____	\$ _____
2. Facility Visits: Nursing homes, treatment centers, health care centers/hospitals, etc.	_____	_____	\$ _____	\$ _____	\$ _____
3. Professional & Trade Services/ Payments: Medical/dental, electrician, plumber, etc.	_____	_____	\$ _____	\$ _____	\$ _____
4. Recreation & Entertainment: Excursions, parties, reading, gifts, therapeutic sewing, baking, etc.	_____	_____	\$ _____	\$ _____	\$ _____
5. Special Projects and Programs: Caregiver Initiative, Efforts for the Deployed, etc.	_____	_____	\$ _____	\$ _____	\$ _____
Totals:	_____	_____	\$ _____	\$ _____	\$ _____

Total of All Donations \$ _____

Submitted by: **F**
Signature of Commander and/or Chairman

*Any of the above services completed within the community must be provided to veterans and/or their families **only**. They do not have to be members of DAV or DAV Auxiliary.

Community Service Report

Completing your Community Service Report

Community service is an outreach to all veterans and their families in your community, whether they are members of DAV and/or DAV Auxiliary.

Remember to record the miles, hours, donations by unit checks, value of other donations and Cash donation from members. This information is essential when it is time to complete and itemize your community service report. Included in this section is a form to list all the community service work by your unit and/or individuals in the five different categories.

Next are examples of activities the unit and/or members could do in each of the five categories.

Family Services

- Sit with a Veteran while a spouse runs errands - 20 miles; 2 hours
- Donate personal care items for homeless veterans – 5 miles; 1 hour; value of donation \$25.00

Facility Visits

- Visit a Veteran at a local Nursing home – 15 miles; 1 hour
- Monthly visits at a State Veterans Home to help with activities- 18 miles; 2hours

Professional & Trade Services/ Payments

- Give free haircuts to Veterans at a community event- 25 miles; 6 hours
- Unit members repaired a handrail for a Veteran by outside front steps; 15 miles; 2 hours; \$100. Donated by unit

Recreation & Entertainment

- Unit host Veterans Day Ceremony for Veterans and their Families with cake and drinks- 20 miles; 4 hours; \$200. Donated by unit; \$100. Value all other donations

Special Projects and Programs

- Support National DAVA Education Program - \$100. Donation by unit in honor of deceased members
- Winter coat giveaway for local veteran's children – 17 miles; 2 hours; \$250. donation by unit; \$ 75. Value all other donations

Itemized Community Service Details	Miles	Hours	Unit Checks	Other Donations	Cash Donations
1. Family Services					
Totals Family Services					
2. Facility Visits					
Total Facility Visits					
3. Professional & Trade Services					
Total Professional & Trade Services					
4. Recreation & Entertainment					
Total Recreation & Entertainment					
5. Special Projects & Programs					
Total Special Projects & Programs					
Totals					
Total of All Donations					

STATE STANDING RULES AND THE SUPPLEMENT
By Paula Raymond, PNC, National Judge Advocate

There are a few things we need to go over regarding the State Standing Rules and the Supplement.

Standing Rules govern your State Departments and Units in addition to and cannot conflict with the National Constitution and Bylaws.

Standing Rules should be reviewed by your Standing Rules Committee and amended at your State Convention by those officers and delegates in attendance. In amending your Standing Rules you can add to existing rules, add new rules or delete parts of or entire rules.

In 2016 The DAV National Organization mandated that the following verbiage must be included in all State Standing Rules. There is one Standing Rules that absolutely must be included in each states Standing Rules.

This State Department recognizes the National Organization known as Disabled American Veterans Auxiliary and affirms its allegiance and subordination to the National Organization, its Constitution, Bylaws, and all rules, mandates and regulations promulgated pursuant thereto. Upon dissolution of the State Department, the assets remaining after the payment of its debts shall be distributed as provided in Article XI, Section 3 of the National Bylaws.

This has disappeared, or been changed in some State Standing Rules (without amendment). The above cannot be amended and must be exactly as shown. If this is not in your Standing Rules, it must be added immediately.

The State Adjutant in office at the time of the state Convention is responsible to submit to National Headquarters within 14 days after adjournment of the convention the following:

- a. State Budget adopted at Convention.
- b. State Officers Report form
- c. Supplement to State Bylaws (1copy)
- d. Adopted amendments to the State Standing Rules (1 copy)
- e. Adopted State Convention Rules.

Should you wish to incorporate your amendments into the Standing Rules and send with the above, One (1) copy needs to be sent with the understanding that amendments must be incorporated into the Standing Rules as they were approved on the floor of the convention.

So, now let's talk about the Supplement:

The Supplement is submitted each year, regardless if the prior year's information is the same. The information contained on the Supplement must be in your Standing Rules.

The Supplement must be fill out completely. Some of the questions have two parts and both must be answered.

1. Dates of State Convention and place of State Convention.

Indicate when 6/9 – 6/12/24 and where your convention was held, Springfield, Illinois.
TBD is not a date.

2. a. Were State Standing Rules amended at the State Convention? **Yes** ___ **No**
If yes, send one (1) copy of the amendments to National Headquarters.

b. Were State Standing Rules Adopted? **Yes** ___ **No**
If yes, send one (1) copy of the Standing Rules to National Headquarters.

If you wish to incorporate the amendments into the Standing Rules this is acceptable. Send one (1) copy to National Headquarters.

3. Dates of the State Department fiscal year: **July 1 to June 30.**
The dates are already completed and are not subject to change.

4. State per capita (in addition to National distribution): Junior Members \$ ___ Life Members \$ _

5. State Mandates: **Yes / No** \$ _____ **Amount(s)** Purpose *what do you use it for*

6. Tenure of office for State Commander: (A) One year only ___ (B) More than one consecutive year ___ Number of years ___ (c) More than one year, **but not** consecutively ___.

7. Number of Junior Vice Commanders: ___ *check your Standing Rules, some refer to 1st Junior Vice which would indicate more than one. Many State Departments have had 2 in the past but are now electing only one, Standing Rules still indicates 2.*

8. Titles of appointed officers (other than Adjutant, Chaplain, Sergeant at Arms, Flag and Color Bearers)

Examples: Patriotic Instructor, Protocol Officer, Assistant Adjutant, Conductor, Conductress, Musician. Do not list committee chairmen here.

9. Provision has been made for an active resident Past National Commander to vote on the State Executive Committee? **Yes** ___ **No** _ (*This must be in your State Standing Rules*).

10. Number of elected finance committee members? _____ Term of their position: _____

11. Titles of chairmen/committees (other than Americanism, Community Service, Jr. Activities, History, VAVS, Ways and Means or Fundraising Chm):

Example: Convention, Forget-Me-Not Luncheon, Distinguished Guest

12. Number of members elected to the committee on nominations? ____
Nominating Committee elected at : _____

13 Number of members on Standing Rules Committee _____ **Elected or Appointed?**
Term of their positions: _____

14. Number of divisions/districts within state department (if applicable) _____ Name of divisions

_____ Do you have Division/District Guidelines written, or attached to your Standing Rules? _____

15. Does your state department participate in the annual report program for judging at state convention?

Yes ____ *No* ____ Comments _____

Standing Rules Committee

When your Standing Rules Committee meets, they need the tools to do the job.

- Constitution and Bylaws
- Copy of State Standing Rules.
- Copy of any proposed amendments
- Copy of current Supplement
- Copy of the new Supplement to be completed.

When the amendments to your State Standing Rules are approved at your convention, a new supplement is prepared indicating any changes made that affect the Supplement. The Supplement is read on the floor of the convention and approved.

REMEMBER: THE INFORMATION IN YOUR STANDING RULES, ON THE SUPPLEMENT AND ANY AMENDMENTS MUST COORDINATE

HISTORY - Capturing MOMENTs - PRESERVES HISTORY

ANYONE at any EVENT with COMMANDER CHRIS – PLEASE take PICTURES

It doesn't matter the method of taking pictures as long as you SHARE with the National History Coordinator:



Hardcopy photos mail to:
Mary Ellen Bell
National History Coordinator
4636 Friars Lane
Grand Prairie, TX 75052



CHRIS would like for you to share photos of
EVENTs that happen within your area (State
Conventions, Unit Activities, Volunteering,
Assisting our VETERANS



Are you sponsoring an event for Chris? Please ensure photos are taken & provide:
EVENT NAME - Date of Event – Where held - IDENTIFY all personnel in photo
with Names and Titles

NOTE: USE POST-IT NOTES ON BACK OF HARDCOPY PICTURES
PLEASE DO NOT WRITE ON BACK OF PHOTOS

Digital photos may be submitted via email to: marye.bell9947@gmail.com
Please use “Subject: DAVA National History”

HISTORY OF MAE HOLMES OUTSTANDING UNIT AWARD

By Melissa Pierce, National Mae Holmes Outstanding Unit Chairman

Mae Holmes served as DAV Auxiliary State Commander of Michigan in 1949-1950. She was elected as DAV Auxiliary National Commander in 1954-1955. During her year as National Commander, Commander Holmes established an award to be presented to the unit that had performed the most outstanding work in ALL the Auxiliary programs. Commander Holmes purchased a trophy that was to be presented annually to the Unit that had the “Most Outstanding Work in All the Programs of the Auxiliary.” The trophy became a traveling award and was named after Commander Mae Holmes.

Several Past National Commanders had selected individual auxiliary programs that also had traveling trophies. As our organization continued to grow and change, the traveling trophies were discontinued and eventually changed to the present-day awards. The Mae Holmes Award was continued in her name.

Commander Holmes felt that membership was necessary in order for the other programs to continue, therefore, units had to meet their quota by the first of April each year in order to be eligible for the Mae Holmes Award. Many units that performed outstanding work but didn't make quota were never recognized. Around 2016 this rule was eliminated making it possible for all units to be eligible for the award based on their dedicated service and outstanding work.

The Mae Holmes National Outstanding Unit Award reflects the totals of each unit's Membership, Americanism, Legislative, VAVS and Community Service Reports and also includes Special projects. By compiling these reports nationwide, DAV Auxiliary members can see that they are fulfilling their mission of serving veterans and their families.

MAE HOLMES NATIONAL OUTSTANDING UNIT REPORT 2023-2024

Complete this report **LAST** as the totals must agree with your other reports. You may use the **reverse side** for additional explanation and details.

Make four copies. Send three copies to address
Listed at right:
Keep one copy for your unit records.

Must be postmarked by: _____

PLEASE PRINT:

NAME OF UNIT Friends and Family #1 UNIT NUMBER #1
CITY Anywhere STATE KY

Number of **Senior** Members 110
Number of **Junior** Members 15
Total number of Members 125

1. **Membership:** Did your unit have a membership drive and/or program? Yes
How many members were obtained? 5 Explain your membership drive and/or program.
We had a booth at our farmers market with our DAV Chapter. Five members signed up on site. We handed out multiple application forms and answered questions about the Auxiliary.

2. **Americanism:** Number of programs, parades, and essay contests which your Unit sponsored or participated 5. Describe the most outstanding:
Our unit invited the public to a Chapter flag burning ceremony. We demonstrated flag folding, the meaning of the flag folds and handed out brochures on flag etiquette.

3. **Legislation:** Total number of meetings Unit participated in discussion on Veterans' bills? 10
Total number of Federal, State and Local legislative contacts. 250

4. **Junior Activities:** Describe the activities of your junior members:
Our Juniors helped with Forget-Me-Not drives, participated in parades, led the prayer and pledge at meetings, and passed out programs at the local Memorial Day service.

	Total Value (\$)	Hours	Miles
5. VAVS	852.56	230	N/A
6. Community Service	130.00	360	600

Note: If over \$1000 reported in Total Value column for any of the reports, attach copy of the report(s)
FORM ONLY - no attachments

7. Explain any other **SPECIAL** projects which your unit sponsored or were participants:
NA - Not applicable

Submitted by: Judy Doe, Commander
Signature of Unit Commander

DAV[®] Auxiliary

Look who's eligible for membership



#makingadifference

125,000

Auxiliary members strong

Working together WE can achieve the goal!

Let's "fill the tower" for Vegas!

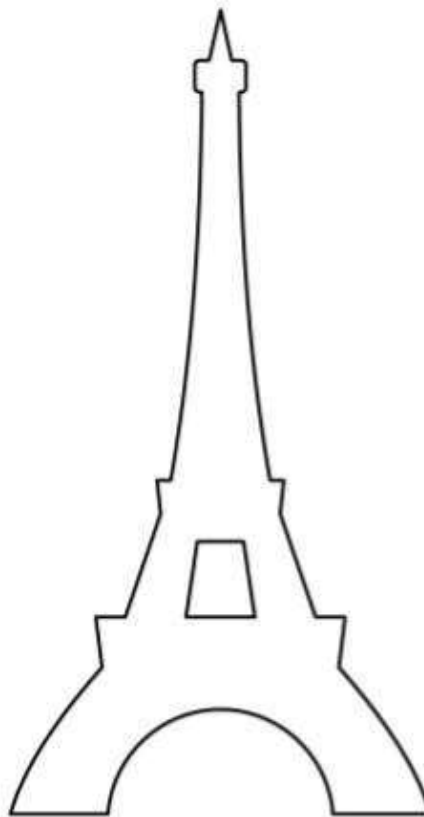
Goal: 125,000

Members needed:
members:

6,905

Current

118,095



And be sure to check out the DAV Auxiliary Facebook page and the Headquarters newsletters for updates on our progress!

Together, we can do this!

Sponsor Points

Paper Applications

Sponsors that recruit members using a paper application are awarded one point when a new part-life member is recruited, and are subsequently awarded an additional point should that member convert to a full-life member. If a new member is sponsored as a full-life member from the beginning two points are immediately awarded.

Online Applications

Sponsors that recruit members through www.davauxiliary.org are awarded one point when a new part-life member is recruited; however, once they convert to full-life members the sponsor will be awarded two additional points, for a total of three points. If a new member is signed up as a full-life member from the beginning three points will be immediately awarded.

When recruiting new members.....

- Always inform new members that the membership year begins July 1 and ends the following June 30.
- Advise new part-life members they will receive quarterly payment reminders.
- Urge new members to begin their Auxiliary membership with a \$20 down payment toward a life membership. They have the privilege of making annual payments if they so choose.
- Remember that our eligibility requirements have significantly expanded to include extended family members of disabled veterans and not-dishonorably discharged veterans. Check the constitution and bylaws or web site for further clarification.

Life Membership Rate: \$250 (Current until December 31, 2024)
(January 1, 2025: Life Membership Rate: \$300)

Age 80 and older: **Free**

Junior Membership

Involve the youth community. Junior membership is complimentary through age 17, or get an early start on a Junior life membership.

Families are encouraged to start a life membership for children to lock in the life membership rate of \$250.00 with a \$20 down payment. Payments can be made at the family's discretion. Any amount paid while under the age of 18 will be applied to the life membership amount of \$250.00. Remember, the life membership amount will increase as of January 1, 2025!

Parent or legal guardian must sign a paper application each time a new membership is attained or a payment is submitted.

Membership

Membership is often called the backbone of the organization. Members are essential for the organization's survival and its ability to support our nation's ill and injured veterans and their families. In terms of advocacy, the more members we have, the stronger our voice. Joining the DAV Auxiliary offers many benefits, such as exclusive member perks, outstanding volunteer programs, and a chance to directly serve veterans and their families. However, the most crucial reason to join is to help protect the benefits that veterans have earned for their loved ones.

Online Application

Simply log into the DAV Auxiliary home page at www.davauxiliary.org. Click "Join DAVA" at the top right of the page. Follow the online instructions, which will include payment options such as one-time payment to start, full payment or automatic withdraws.

Paper Application

Paper applications can be requested through National Headquarters or printed online, which are fillable.

Complete the membership application with all the required information. Be sure to check the type of membership and write in the amount paid. Submit a check or money order with the membership application to national headquarters. If using a credit card, fill out the requested information and select the monthly payment amount, if desired. Don't forget to add the three digit code from the back of your credit card!

<p>DAV Auxiliary Receipt</p> <p>Date _____</p> <p>Amount Paid \$ _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card</p> <p>For _____ Name of Member</p> <p><input type="checkbox"/> NEW LIFE (1st Year Payment) <input type="checkbox"/> LIFE PAYMENT</p> <p><input type="checkbox"/> NEW JUNIOR (One-time Payment)</p> <p><input type="checkbox"/> JUNIOR LIFE (1st Year Payment) <input type="checkbox"/> JUNIOR LIFE PAYMENT</p> <p>Life membership rate: \$250 Age 60 and older: Free</p> <p>Life membership may be obtained with a \$20 down payment. Note: Billing will occur quarterly based on outstanding balance.</p> <p>I HAVE RECEIVED PAYMENT OF THE ABOVE AMOUNT:</p> <p>_____ Sponsor's Signature</p>	<p>DAV Auxiliary</p> <p>National Headquarters 552 Dulwich Drive Evansville, KY 40316</p> <p>Toll Free 822-363-4225 davauxiliary.org davauxiliary.org</p> <p>Membership Application</p> <p>Date _____</p> <p>Membership Application in Month No. _____ State _____</p> <p><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Name _____ DOB _____ / ____ / ____</p> <p>Address _____ City _____</p> <p>State _____ ZIP _____ Phone (____) _____ Email _____</p> <p><input type="checkbox"/> NEW LIFE (1st Year Payment) <input type="checkbox"/> LIFE PAYMENT <input type="checkbox"/> NEW JUNIOR (Signature Required One-time Payment) <input type="checkbox"/> JUNIOR LIFE (Signature Required One-time Payment) <input type="checkbox"/> JUNIOR LIFE PAYMENT (Signature Required)</p> <p>Eligibility Through _____ Relationship _____</p> <p>Sponsor's Name _____ Sponsor Membership No. _____</p> <p>Credit Card Information:</p> <p>Name on Card _____</p> <p>Address _____</p> <p>Credit Card No. _____ Exp. Date _____</p> <p>Select Monthly Payment Amount: <input type="checkbox"/> \$40 <input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> Other - Indicate \$ _____</p> <p>_____ Signature</p> <p style="text-align: right;">K0008 (07/20)</p>
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DAV Auxiliary Mobile Device Membership Application

Don't delay—start using this new mobile membership application to recruit today!

The DAV Auxiliary now has a membership application you can download to your phone or tablet, making recruitment as easy as a few clicks of a button! By downloading this membership application, members have the ability to recruit without the inconvenience of carrying paper applications.

The applicant can apply for membership by using the mobile application, and pay securely using their debit or credit card.

As a recruiter, you will be eligible to earn additional sponsor points by using the mobile membership application!


To start, open your Internet browsing app (Google, Chrome, Safari, etc.) on your phone/tablet, type www.davauxiliary.org, and select "Join DAV Auxiliary."

Once the page has loaded, proceed to the directions below.


The screenshot shows a mobile application interface with a progress bar at the top containing three steps: 'Your Information' (step 1, highlighted in dark green), 'Payment Information' (step 2, highlighted in light green), and 'Review' (step 3, highlighted in light green). Below the progress bar is the 'Your Information' section, which includes the following fields:

- *Date Of Birth: Three dropdown menus for month, day, and year.
- Member Title: A dropdown menu with 'Ms.' selected.
- *Member First Name: A text input field.
- Member Middle Initial: A text input field.
- *Member Last Name: A text input field.

Apple users:

- Tap the  on the bottom of the screen.
- Select **Add to Home Screen** icon.
- Select "Add to Home" option.
- Name the application. Example: DAV Auxiliary Application.
- Select **Add**.
- You will now see the DAV Auxiliary icon on your mobile device home screen.

Android Users:

- To open the option menu, tap the  in the top right hand corner of the screen. The **Option Menu** will open.
- Select **Add to Home Screen**.
- Name the application. Example: DAV Auxiliary Application.
- Select **Add**.
- You will now see the DAV Auxiliary icon on your mobile device home screen.

Windows Users:

- Tap the **More (...)** button and tap "Pin to Start Menu."
- Any time that you access your Internet browser on this device, you will be able to access the mobile membership application without having to enter the link again.



Be a VAVS Superhero!

By Patty Davis



Superheroes walk amongst us! They are those with extraordinary powers who are highly skilled! The only difference is DAV Auxiliary superheroes do not wear masks and capes. Our amazing superheroes work tirelessly each day to find unique and creative ways to serve veterans and their families in the VA facilities we serve.

There are many volunteer ideas for people of all ages and abilities.

- Fulfill the facility wish list. Common items on the list include:
 - Hygiene products
 - Puzzle books and pens
 - Coloring books and markers
 - Clothing (must be new)
 - Hats, gloves, scarves, boots
- Patient Escort
- Ward parties (either in-person or dropped off for distribution by nurses.)
 - Birthday parties
 - Sports parties – don't forget about the big events like the Superbowl and the World Series!
 - Holiday parties – Easter, St. Patrick's Day
 - Seasonal party (welcome fall, good bye winter)
- DAV Transportation
- Hospice/End of Life
- Compassionate Contact Corps
- Physician Ambassador
- Student Volunteers
- Clinical
- Baby Shower
- Red Coat Ambassador
- Patient Welcome Carts
 - Coffee
 - Snacks



Understanding Credentials

What is a State Convention Credential?

A State Convention Credential is a document that indicates how a member attending a convention will be voting.

A convention attendee has the option of voting **one** of the following ways:

- Unit Delegate
- Past State Commander
- Active Resident Past National Commander
- Elected State Officer

Delegate Credentials
Annual State Convention
DISABLED AMERICAN VETERANS AUXILIARY DEPARTMENT OF _____
Hotel Name - Location - Dates
Name _____ Unit No. _____
Address _____ City _____ State _____ Zip _____
Signed _____
THESE CREDENTIALS MUST BE PRESENTED AT THE TIME OF REGISTRATION

Disabled American Veterans Auxiliary
State Department of _____
U.M.W. Officer Credential Registration Form
U.S. Main Convention Registration Form
Name _____
Address _____
City _____ State _____ Zip _____
Registered as _____ Party # _____
CHECK ONLY ONE
 Delegate Auxiliary Member
 Past State Officer State Chairman
 P.N.C. State
 X.S.C. Guest

What does a Credentials Committee do?

The Credentials Committee is responsible for the following:

- Pick up the credentials received at the convention registration desk
- Sort the credentials based on voting type
- Determine the following information:
 - Total Elected Officers Registered
 - Total Past State Commanders Registered
 - Total Resident Past National Commanders Registered
 - Total Units Registered
 - Total Unit Delegates Registered
 - Total Unit Alternates Registered
 - Total Guests Registered
 - Total Registered

What does a Credentials Committee do?

The Credentials Committee will also determine the voting strength:

- Total Registered Unit Voting Strength (To be explained later)
- Total Registered State Elected Officers
- Total Registered Past State Commanders
- Total Registered Past National Commanders
- Total Overall Voting Strength

What does the “Voting Strength” mean?

Voting Strength is defined as the total number of votes that may be cast on an issue at the state convention. In the event of a roll call, this information will be used to ensure that the total votes casted equals the total votes allowed.

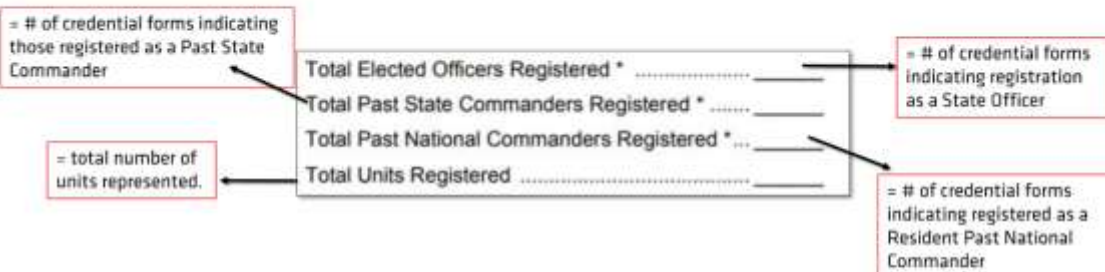
The Credential Committee Report:

CREDENTIAL COMMITTEE REPORT
CONVENTION YEAR: <u>Year of the Convention</u>
CHAIRMAN: <u>Name of the Chairman</u>
Date: <u>Date of the Report</u>

Note: Remember to announce the “as of” date and time.

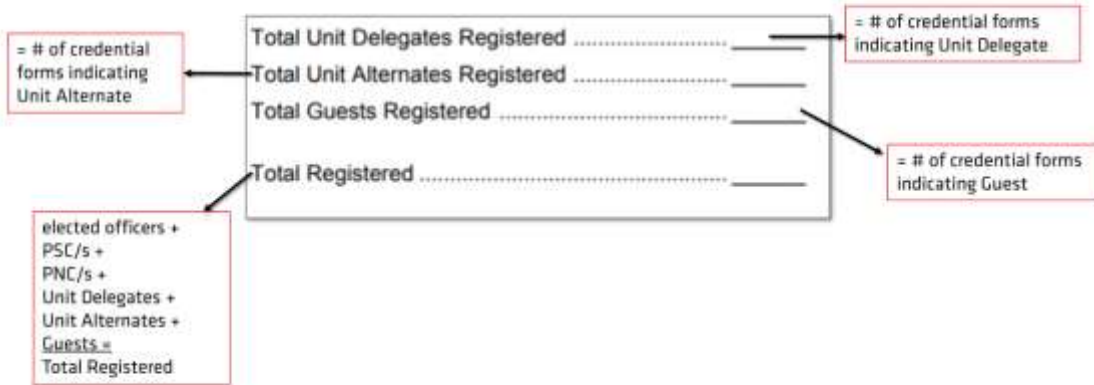
For instance: As of 12:00 p.m. on June 1, 2023.

The Credential Committee Report:



NOTE: For a more efficient process, develop and implement a system to sort credentials by registration status to properly record units represented and number of unit delegates.

The Credential Committee Report:



The Credential Committee Report:

VOTING STRENGTH IS AS FOLLOWS:

Total Registered Unit Voting Strength * **109**

Unit #	Unit Name	Number of Life Members	Total Votes
1	Wichita	107	12
2	Yellowstone	266	28
3	Queen City	22	3
4	Norristown	186	20
5	Watertown	126	14
6	Jackson County	306	32
TOTAL VOTE COUNT			109

To Calculate Unit Voting Strength:

Using the vote report prepared by the State Adjutant for convention, add up the total votes for each unit having at least one registered delegate.

In this example, the following six units have registered at least one delegate, therefore, the total unit voting strength will be **109**.

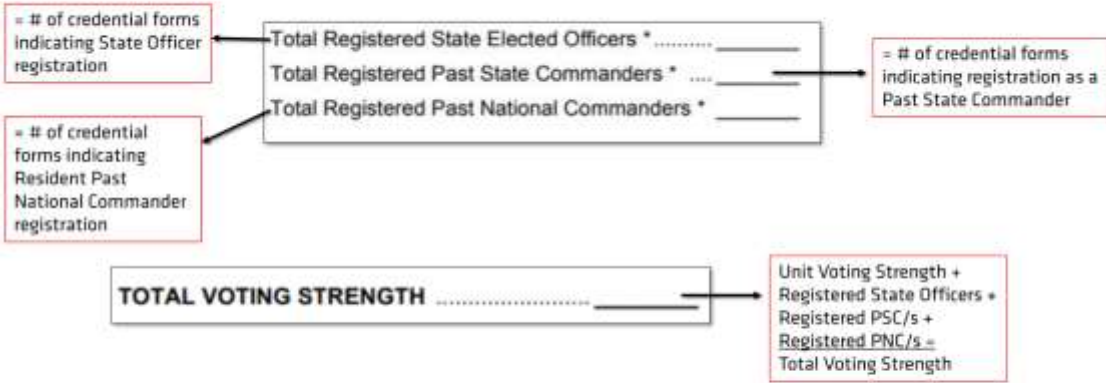
The Credential Committee Report:

If the State Adjutant has not prepared a vote report, it will be up to the credential committee to determine the voting strength. You will need:

- Most recent population summary (to determine the number of life members in the unit)
- Credentials turned in to the registration desk (to determine what units have registered at least one delegate)
- Voting strength guideline

1-15 members → 2 votes	106-115 members → 12 votes	206-215 members → 22 votes
16-25 members → 3 votes	116-125 members → 13 votes	216-225 members → 23 votes
26-35 members → 4 votes	126-135 members → 14 votes	226-235 members → 24 votes
36-45 members → 5 votes	136-145 members → 15 votes	236-245 members → 25 votes
46-55 members → 6 votes	146-155 members → 16 votes	246-255 members → 26 votes
56-65 members → 7 votes	156-165 members → 17 votes	256-265 members → 27 votes
66-75 members → 8 votes	166-175 members → 18 votes	266-275 members → 28 votes
76-85 members → 9 votes	176-185 members → 19 votes	276-285 members → 29 votes
86-95 members → 10 votes	186-195 members → 20 votes	286-295 members → 30 votes
96-105 members → 11 votes	196-205 members → 21 votes	296-305 members → 31 votes

The Credential Committee Report:



The Final Report!

CREDENTIAL COMMITTEE REPORT	
CONVENTION YEAR:	2023
CHAIRMAN:	John Doe
Date:	June 1, 2023, at 9:00 a.m.
Total Elected Officers Registered *	5
Total Past State Commanders Registered *	5
Total Past National Commanders Registered *	2
Total Units Registered	6
Total Unit Delegates Registered	99
Total Unit Alternates Registered	4
Total Guests Registered	7
Total Registered	122
VOTING STRENGTH IS AS FOLLOWS:	
Total Registered Unit Voting Strength *	109
Total Registered State Elected Officers *	5
Total Registered Past State Commanders *	5
Total Registered Past National Commanders *	2
TOTAL VOTING STRENGTH	121
* (Add total unit strength + any registered elected officers + any registered past state commanders + any registered past national commanders = Total voting strength.)	

STATE CONVENTION PROCEDURES

NATIONAL FALL CONFERENCE

Before a State Convention the State Adjutant will:

- Mail out convention information to each unit - location, registration cost, room cost, events, etc. The more information the better.
- Include credential forms - delegate, alternate, PSC, PNC, State Officer, guest.
 - ❑ It is helpful to include only the amount of delegate and alternate credentials allowed by unit based on the allowable amount in the bylaws (Article II, Section 3).
 - ❑ To help with the registration process and credential report, consider making each credential form a different color.
 - ❑ A member attending convention who holds dual positions has the right to select how they'd like to register. Just because they are a PNC or PSC (for example) does not mean they have to register as one.
- Create packets or folders to pass out to all attendees. This will include:
 - ❑ Proposed amendments to the State Standing Rules
 - ❑ Supplement to the State Standing Rules
 - ❑ Proposed Budget
 - ❑ Convention Rules
 - ❑ Vote Report
 - ❑ Chairmen Year-End reports (if not printed elsewhere)
- Create a podium book for line officers and the national representative. This will keep the state commander on schedule and avoid any confusion during meetings.

Before a State Convention the State Adjutant will:

- Begin the preparation for registration. For instance, it may be helpful to set up an Excel document that lists the attendees first and last name, unit number, how they are registering, the amount paid for registration, and how they paid (cash, check, money order, etc.).
- Determine the voting strength in the event of roll call votes. The voting strength is determined as follows:

1-15 members → 2 votes	106-115 members → 12 votes	206-215 members → 22 votes
16-25 members → 3 votes	116-125 members → 13 votes	216-225 members → 23 votes
26-35 members → 4 votes	126-135 members → 14 votes	226-235 members → 24 votes
36-45 members → 5 votes	136-145 members → 15 votes	236-245 members → 25 votes
46-55 members → 6 votes	146-155 members → 16 votes	246-255 members → 26 votes
56-65 members → 7 votes	156-165 members → 17 votes	256-265 members → 27 votes
66-75 members → 8 votes	166-175 members → 18 votes	266-275 members → 28 votes
76-85 members → 9 votes	176-185 members → 19 votes	276-285 members → 29 votes
86-95 members → 10 votes	186-195 members → 20 votes	286-295 members → 30 votes
96-105 members → 11 votes	196-205 members → 21 votes	296-305 members → 31 votes

Units get one delegate for each ten paid life members or major fraction thereof, plus one for the charter

Before a State Convention the State Adjutant will:

- Send copies of the annual report forms to the respective national chairmen and NEC.
- Separate annual reports by category for easier distribution and judging. The categories are as follows:

10-50 members	51-100 members	101-200 members	201 members and over
---------------	----------------	-----------------	----------------------
- Special Americanism categories are as follows:

1-200 members	201 members and over
---------------	----------------------
- For junior activities, the junior member categories are as follows:

1-25 members	26-50 members	51-100 members	101 members and over
--------------	---------------	----------------	----------------------
- Make sure you have the most recent officer reports for each unit to determine the correct SEC and Alternate SEC for the current year and for the next year (you'll need this for the Post-SEC meeting).
- Prepare folders or packets for the nominating committee. Include a copy of each state officer resume (if used), as well as any other pertinent information, including questions for candidates and guidelines.
- Prepare ample copies of the credential committee report.

Sample of a Credential Committee Report:

**Remember:
The committee is responsible for picking up the credentials from the registration area and determining the information!**

CREDENTIAL COMMITTEE REPORT	
CONVENTION YEAR:	_____
CHAIRMAN:	_____
Date:	_____
Total Elected Officers Registered *	_____
Total Past State Commanders Registered *	_____
Total Past National Commanders Registered *	_____
Total Units Registered	_____
Total Unit Delegates Registered	_____
Total Unit Alternates Registered	_____
Total Guests Registered	_____
Total Registered	_____
VOTING STRENGTH IS AS FOLLOWS:	
Total Registered Unit Voting Strength *	_____
Total Registered State Elected Officers *	_____
Total Registered Past State Commanders *	_____
Total Registered Past National Commanders *	_____
TOTAL VOTING STRENGTH	_____
* (Add total unit strength + any registered elected officers + any registered past state commanders + any registered past national commanders = Total voting strength.)	

Sample of a Vote Report:

Unit #	Unit Name	Number of Life	
		Members	Total Votes
1	Wichita	107	12
2	Yellowstone	266	28
3	Queen City	22	3
4	Norristown	186	20
5	Watertown	126	14
6	Jackson County	306	32
TOTAL VOTE COUNT			109

Sample of a Convention Credential:

Delegate Credentials	
Annual State Convention	
DISABLED AMERICAN VETERANS AUXILIARY DEPARTMENT OF _____	
Hotel Name - Location - Dates	
Name _____	Unit No. _____
Address _____	City _____ State _____ Zip _____
Signed _____	Signed _____
(PRINT NAME)	(UNIT ADJUTANT)
THESE CREDENTIALS MUST BE PRESENTED AT THE TIME OF REGISTRATION	

Remember:

- ❖ A member cannot cast a vote in the state convention in more than one representative capacity.
- ❖ A member cannot be registered as a delegate from more than one unit.
- ❖ In the absence of any delegate, their vote will be cast by a properly registered alternate of that Unit.
- ❖ Each Unit delegation will elect a Chairman who votes the total Unit strength.
- ❖ When a poll of any delegation is demanded by a delegate entitled to a vote, the Chairman will poll the delegation without discussion or debate.
- ❖ In the election of State Officers, voting is by voice vote when there is no contest; or, by roll call when there are two or more candidates nominated for any one office.
- ❖ Roll call(s) will continue until completed.
- ❖ The candidate receiving a majority of the roll call votes will be elected.

Remember:

- ❖ Procedure for a roll call:
 - 1. Units (in numerical order)
 - 2. Past State Commander(s)
 - 3. Active Resident Past National Commander(s)
 - 4. Elected State Officers
- ❖ Junior members shall not have the privilege of voting at a Unit meeting or a State Convention.
- ❖ State and National At-Large members cannot hold any appointed or elected office nor have a voice or vote at State or National meetings and/or State and National conventions.
- ❖ Chartered Units must be in good standing with the State Department for their Delegates to vote at State Convention.
- ❖ Convention Rules shall govern the procedure of a State Convention. Such rules will be adopted or may be amended at the first business session by a majority vote of the convention delegates.

Call to Convention:

State Adjutant must give the call to convention at the opening of the first business session. It reads:

The Standard State Department Bylaws of the Disabled American Veterans Auxiliary states that the governing power of this State Department shall be the Annual State Convention, composed of the elected state officers, the state's Past State Commanders, any active resident Past National Commander, and the elected delegates representing chartered units within the state.

In accordance with these directives, I _____ State Adjutant's Name _____, State Auxiliary Adjutant, declare this # conv. State Convention of the Disabled American Veterans Auxiliary, State Department of _____ State Name _____ be convened at _____ Convention Location _____.

Consideration and disposition of business brought before this convention shall be in accordance with the National and Standard State Department Bylaws, the State Department of _____ State Name _____ State Standing Rules, as most recently amended, and the Rules to Govern the Convention.

To all present, take due notice thereof and govern yourselves accordingly.

Auxiliary Opening Session:

The State Adjutant will:

1. Call Convention to order
2. Direct Conductor and Assistant to escort:
 - State Commander
 - State Officers (elected and appointed)
 - Past State/National Commanders
 - National Representative
 - Flag and Banner Bearers present colors
 - Flag and Banner Bearers post the colors
3. State Chaplain gives opening prayer
4. Requests Americanism Chairman to lead the Pledge of Allegiance
5. Special patriotic music (optional)
6. Introduce State Commander with appropriate remarks
7. State Commander opens convention for business

Business to Complete During the Convention:

- ∞ Credentials report (given at the beginning of each business session)
- ∞ Adoption of Rules to govern the convention
- ∞ Adoption of current year Supplement to State Bylaws as printed
- ∞ Presentation (if any) of amendments to the State Standing Rules
 - Adoption or defeated noted on each amendment or
- ∞ State Treasurer's report
- ∞ Presentation and adoption of a balanced state budget
- ∞ State Commander's report
- ∞ Reports of State Officers, Chairmen, etc.
- ∞ Program Activity awards
- ∞ National Representative's presentation and/or workshop
- ∞ Nominating Committee Report
- ∞ Election of the nominating committee - if not elected at the Pre-Convention SEC meeting (refer to SSR's)
- ∞ Election/Installation of State Officers
- ∞ Election of Finance Committee - may be done at Post-Convention SEC meeting (refer to SSR's)
- ∞ Election of state delegate and alternate to National Convention
- ∞ Unfinished business, new business, remarks for the good of the order

State Executive Committee Meeting:

Order of Business

1. Call to order by State Commander or highest ranking officer
2. Opening prayer
3. Pledge of Allegiance
4. Installation of SEC and/or Alternate (if needed)
5. Roll Call of the State Executive Committee
 - Officers with a vote, including the Immediate Past State Commander
 - Active, resident Past National Commander/s
 - Executive Committee member and Alternate from each unit
 - Officers with no vote (Adjutant, Assistant Adjutant, JA, Chaplain unless they are the elected SEC from their unit)

In order to continue, a quorum must be present. A quorum is one-third (1/3) of all eligible voting members. To be considered an eligible voting member you have to have been installed by a proper installing officer.

State Executive Committee Meeting:

Order of Business continued:

6. Minutes of previous SEC meeting – if the minutes were mailed and no corrections are brought to the floor, the Commander may state that the minutes stand approved as printed. If they have not been printed and mailed, they must be read and a motion to accept is in order.
7. State Treasurer's report
8. Communications and any needed action
9. Unfinished business
10. New business
11. Announcements
12. Closing prayer
13. Adjournment

Post-Convention Wrap-Up:

- ✓ Even if you haven't been appointed to serve as State Adjutant for the next year, you're still responsible for post-convention wrap-up.
- ✓ Within fourteen days after the convention the following items must be sent to national headquarters:
 - Adopted state budget
 - Adopted state convention rules
 - One copy of the adopted amendments
 - One copy of the adopted supplement to state bylaws
 - Winning reports for each judging category
 - Yellow form listing the elected state delegate and alternate to national convention

Once you've finished all of these steps, the last thing to do is pass on **all of the property in your possession** to the newly appointed State Adjutant (if applicable).

PROCEDURE TO BE FOLLOWED AT THE 2024 STATE CONVENTION

- **Pre-Convention State Executive Committee** – SEC meeting shall be held within twenty-four hours preceding the first business session.
- Distribute copies of the following to the convention delegates prior to their consideration and adoption:
 - Convention Agenda
 - Convention Rules
 - Amendments to the State Standing Rules (if any) proposed by the Standing Rules Committee.
 - Completed Supplement to State Bylaws (adopted at the previous state convention).
 - Proposed budget
- **Credential Report** – An appointed Credential Committee Chairman presents a credential report to be adopted as the first order of business at the first business session. Thereafter, the credential report must be updated, read, and adopted at the beginning of each day and prior to nomination and elections.
- **Convention Agenda** – Delegates adopt the proposed convention agenda with the understanding that the agenda is subject to change.
- **Convention Rules** – Convention rules may be amended by a majority vote of the convention delegates. Delegates are to adopt rules of the convention at the first business session. The convention Chair can call for reading of the convention rules or entertain a motion to adopt as distributed.
- **State Standing Rules*** – State Standing Rules Committee Chairman presents amendments for consideration of the body (if any). Standing Rules may be amended by a majority vote of those registered and voting during a regular business session. Standing rule amendments must be presented and adopted individually.
- **Supplement to State Standing Rules*** – The State Standing Rules Committee Chairman will address changes to the supplement due to any previously adopted standing rule amendments. It is not necessary to read the supplement line by line. Supplement to State Standing Rules must be adopted as amended by a majority vote of those registered and voting during a business session. If there are no amendments, the delegates adopt the supplement as is for the ensuing year (Example: 2024-2025).
- **Proposed Budget** – Finance Committee Chairman presents the budget. Budget to be adopted by the convention delegates.
- **Post-Convention State Executive Committee** – SEC meeting shall be held within twenty-four hours following the convention adjournment.
- **Nominating Committee Report/Elections/Installation**

*Note: The supplement and any adopted amendments shall be reviewed for any discrepancies by the National Judge Advocate prior to their becoming effective.



AUXILIARY UNIT BUSINESS MEETING

National Fall Conference

The Basics:

- ✓ Hold at least four (4) regular business meetings per year at a time and place set by vote of the unit.
- ✓ Four (4) Senior members constitutes a quorum. One member present must be the Unit Commander or a Unit Vice Commander. **No quorum?** Take advantage of your time to brainstorm and share ideas about DAVA's mission.
- ✓ Regular business meetings must be conducted in accordance with the Ritual except where it is necessary to dispense with in order to expedite business.
- ✓ It is the duty of all Officers to attend each meeting of the Unit. In case of the inability of any Officer to attend a meeting, notice should be given to the Commander, and an arrangement made for all pertinent books and papers in the possession of said Officer to be made available for to the meeting.
- ✓ If a Chair Officer is absent, the presiding Officer can designate a member to fill the chair.

Opening Ceremony of a Regular Business Meeting:

Reference: National Constitution and Bylaws

- ∞ Meeting called to order by the Unit Commander or highest ranking officer
- ∞ The chaplain invokes the blessing
- ∞ The Patriotic Instructor or designee will lead the "Pledge of Allegiance"
- ∞ The Senior Vice Commander gives the purpose of the DAV Auxiliary
- ∞ The Junior Vice Commander gives the eligibility for membership in DAV Auxiliary
- ∞ The Commander announces the meeting open for any business
- ∞ The Adjutant will call the roll of officers

Order of Business:

Reference: National Constitution and Bylaws

1. Vote on Transfer members
2. Introduction of Visitors
3. Introduction of new members. Initiation ceremony, if applicable, may follow.
4. Reading of Minutes
5. Treasurer's Report of Receipts and Disbursements
6. Reading of Bills and Communications
7. Sicknes and Distress
8. Report of Committees
9. Unfinished Business – Address topics of discussion from a previous meeting that were unresolved or required more research.
10. New Business – Introduction of new discussion topics to come before the body such as projects, expenditure approval, etc. Remember, without unit body approval, no projects or expenditures can be approved.
11. Money March
12. Remarks for the good of the Organization
13. Closing Ceremony

Closing Ceremony:

Reference: National Constitution and Bylaws

- ∞ The Commander announces that the business has been completed
- ∞ The Commander requests members to face the east in devoted memory of departed Comrades
- ∞ The Commander requests members to face the flag and hand salute
- ∞ The Commander requests members to face the Altar
- ∞ The chaplain gives the closing prayer
- ∞ Meeting is adjourned – Commander announces the date of the next meeting

Always:

- ∞ Be respectful of the Chair and all in attendance.
- ∞ Keep personal disagreements or conflicts out of the business meeting.
- ∞ Welcome and include new members.
- ∞ Have an open mind to new ideas or projects of benefit to veterans and their families.
- ∞ Encourage youth membership and activities to instill patriotism and develop leadership qualities.
- ∞ Remember the mission of our organization.



Indebtedness Statement Explained

A national mandate is charged annually to cover Auxiliary Programs and national convention expenses. This statement is sent to units by email in early November and to state departments for distribution in early February.

Each July 1 a distribution of \$.50 is made to the unit for each life member (excluding over-80 complimentary members and Junior members). The national mandate is automatically deducted from the July 1 distribution, provided the unit has sufficient life membership to make adequate distribution to cover the national mandate. In cases where the July 1 distribution does not cover the full \$25 mandate amount, an indebtedness statement is generated.

To satisfy this balance, the unit must submit a check to pay the amount owed. The balance must be paid prior to state and national convention in order to keep your unit in good standing.

Example

Dept. #	Unit #	Description	Total
State #	Unit #	Balance Carried Forward <i>(See #1)</i>	\$0.00
		Distributed Amount <i>(See #2)</i>	(\$22.50)
		Convention Fees <i>(See #3)</i>	\$0.00
		AUX Mandates <i>(See #4)</i>	\$25.00
		Indebtedness Amount <i>(See #5)</i>	\$2.50

1. **Balance Carried Forward** – Typically, this is the balance carried forward from the previous month.
2. **Distributed Amount** – The amount the unit received on the July 1 distribution.
3. **Convention Fees** – This box will be \$0.00.
4. **AUX Mandates** – The amount charged to each unit on July 1.
5. **Indebtedness Amount** – Unpaid mandate amount owed by the unit. In the example above, the unit had distribution deduction of \$22.50, leaving mandate balance due of \$2.50.

NOTE: If your unit or state department changes bank accounts, contact national headquarters immediately!

Understanding the Population Summary

		A	B	C	D	E	F	G	H	I	
DCU No	DCU Name	Goal Met	Total Junior	Total Part Life	Total Full Life	Total Paid Members	Total Members	Quota	Quota %	Quota Variance	
16	AUX Department of Kentucky		303	222	2,055	2,277	2,580	2,651	97.32%	-71	
1	Lexington #1		3	5	82	87	90	92	97.83%	-2	
3	Elizabethtown #3		47	9	151	160	207	213	97.18%	-6	
4	Owensboro #4		17	2	59	61	78	81	96.30%	-3	
6	Fred Battle Memorial #6		0	3	75	78	78	81	96.30%	-3	
7	Miles Meredith #7		2	5	51	56	58	60	96.67%	-2	
8	Jouett Henry #8		7	5	47	52	59	61	96.72%	-2	
11	Ohio County #11		0	1	27	28	28	29	96.55%	-1	
19	Frederick R. Bristol Mem. #19		15	24	209	233	248	258	96.12%	-10	
20	Glasgow #20		14	8	62	70	84	87	96.55%	-3	
23	Corncracker State #23	G	0	6	452	458	458	458	100.00%	0	
32	Wand B. Doyle #32		0	12	33	45	45	46	97.83%	-1	
41	Casey County #41		0	0	38	38	38	39	97.44%	-1	
51	J. B. Glover #51		0	8	25	33	33	34	97.06%	-1	
55	Madison County #55		0	3	29	32	32	33	96.97%	-1	
64	Hazard #64		5	5	31	36	41	42	97.62%	-1	
66	London #66		2	2	62	64	66	68	97.06%	-2	
90	Fred Denton #90		0	1	29	30	30	31	96.77%	-1	
105	Wayne County #105		4	4	49	53	57	59	96.61%	-2	
118	Benton #118		0	2	18	20	20	21	95.24%	-1	
128	M. Vanderpool Mem. #128		19	29	42	71	90	93	96.77%	-3	
134	Pikeville #134		13	9	40	49	62	63	98.41%	-1	
141	Belfry #141		8	0	23	23	31	32	96.88%	-1	
155	Henry County #155		7	5	45	50	57	59	96.61%	-2	
156	Radcliff #156		95	31	147	178	273	283	96.47%	-10	
158	Keavy #158		13	19	47	66	79	83	95.18%	-4	
162	Science Hill #162		12	5	69	74	86	88	97.73%	-2	
166	Johns Creek Memorial #166		3	7	34	41	44	45	97.78%	-1	
169	J ayne #169	K	L	M	N	O					
171	ounty #171		0	1	49	31	77	80		-3	
					30		31	32		-1	
Active		At Large		Merged		On Hold		Revoked		Suspended	
26		1		6		2		12		0	

- A. Goal Met – If there is a “G” in this column, quota has been met.
- B. Total Junior – This is the total number of Junior members (complimentary and paid).
- C. Total Part Life – This is the total number of Part Life members (members who are not paid in full).
- D. Total Full Life – This is the total number of Full Life members.
- E. Total Paid Members – This is the total number of paid members – Part and Full life.
- F. Total Members – Junior + Part Life + Full Life members.
- G. Quota – The total number of members the unit and/or state department needed for the year.
- H. Quota % - The total members divided by the quota.
- I. Quota Variance – the difference between how many members needed and actual members.
- J. Active – The total number of active units in the state.
- K. At Large – The total number of at-large units in the state (should always be one).
- L. Merged – The number of units that have merged with another unit.
- M. On Hold – The number of units in the state that are on hold.
- N. Revoked – The number of units that have been revoked.
- O. Suspended – The number of units that are currently suspended.

Understanding the Membership Listing Report

DAV Auxiliary		Membership Listing					Execution Date: 9/8/2023 10:20:50 AM				
Membership #	Member Name	Address	City	St	Zip	Phone #	Email	Balance	Status	Age	Yrs of Srvc
520522573763	F	** Apt 208 7215 N 51st Ave	Glendale	AZ	85301-2685	J	K	\$0.00	Active - Unclaimed	63	42
52053AL06368	F	** Apt D 1765 34th St S	Fargo	ND	58103-8807			\$0.00	Active - Unclaimed	71	25
52054AL02745	F	** 8786 Courty Road 1435	Vinemont	AL	35179-7702			\$0.00	Active - Unclaimed	91	33
52052AL06556	F	13008 Daphne Ave	Gardena	CA	90249-2353			\$0.00	Active	89	35
520521488962	F	4900 Shire Dr	Lithonia	GA	30038-2983			\$0.00	Active	77	9
52055AL02348	F	Apt 26 # 302 19029 US Highway 19 N	Cleawater	FL	33764-3020			\$0.00	Active	95	25

- A. AUX National – AUX National – When ran, this will display your unit name and number.
- B. Execution Date – The date and time the report was generated.
- C. **Denotes Unclaimed Address – When there are two asterisks by a members address, this means the address is not valid.
*Denotes Credit Card Payment – When there is one asterisk by a member’s name, this means they are set-up for automatic payments.
- D. Membership # - Membership number (first two digits represent the state, next three digits represents the unit number).
- E. F/P/J – Full-Paid Life Member (F), Part-Life Member (P), Junior (J).
- F. Member Name – Name of the member.
- G. Address – Address we have on file for the member.
- H. City – City the member resides in.
- I. State/Zip – The state and zip code of the member.
- J. Phone # - The members phone number.
- K. Email – The members email address.
- L. Balance – The amount owed on their life membership.
- M. Status
 - a. Active – Active member
 - b. Active – Transferred In – Transfer member that is active
 - c. Active – Unclaimed – Active member with a bad mailing address
 - d. Canceled – Member has canceled their membership/passed away
 - e. Deleted – Member has requested their membership be deleted immediately
 - f. Inactive/Unable to Distribute – Effective balance of the member is below \$5 and did not distribute on July 1 (these members do not count towards quota).
Encourage member to make a payment so they become active again!
 - g. Junior – Junior member (under the age of 18). **Junior’s personal information will be redacted for their safety.**
- N. Age – The age of the member.
Yrs of Srvc. – How long the member has been in DAV Auxiliary.

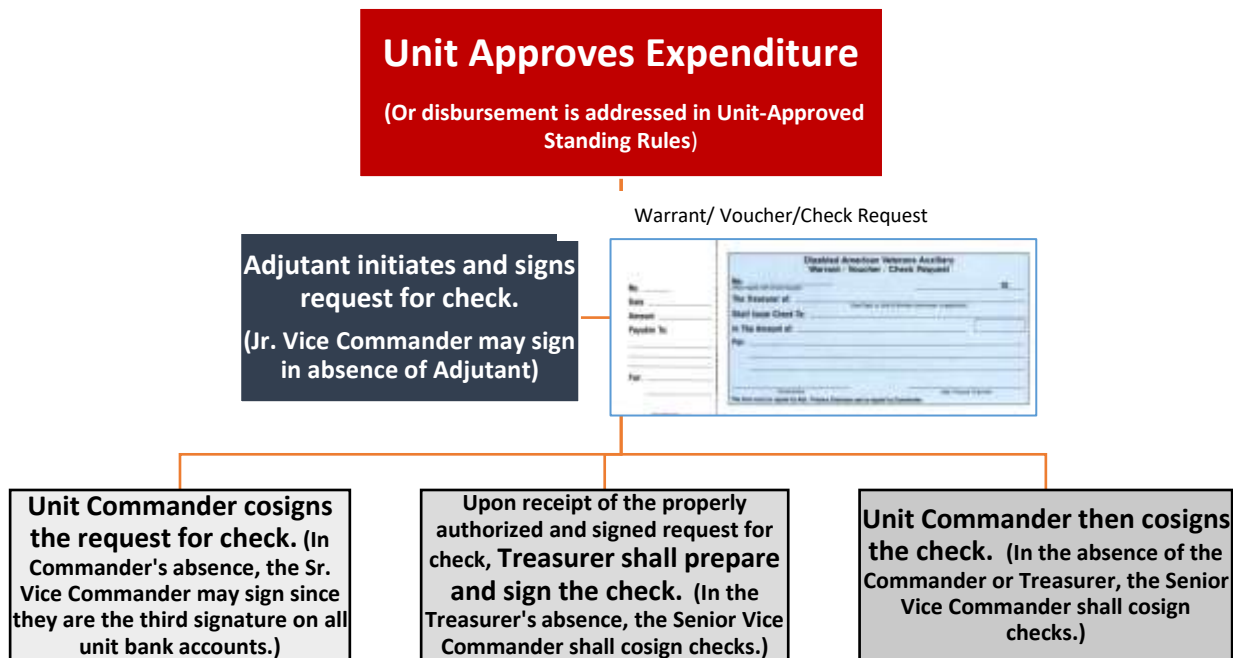
Unit

Warrants/Vouchers/Check Requests

The national bylaws provide for the proper procedure when issuing checks from unit accounts.

Unit funds may only be expended upon approval of unit members at a regular business meeting unless otherwise specified in Unit Standing Rules.

Procedure —



Debit and/or Credit Cards may not be used

Reference: Disabled American Veterans Auxiliary National Constitution and Bylaws, Unit Section, Article XI, Sections 1 – 4

# _____ Date _____ Amount _____ Payable to: _____ _____ For _____ _____	Disabled American Veterans Auxiliary Warrant / Voucher / Check Request	
	# _____	20 _____
	(Must Agree with Check # Issued)	
	The Treasurer of: _____ State Department or Unit & Number (whichever is applicable)	
	Shall Issue Check To: _____	
	In The Amount Of: _____	
For: _____ _____ _____		
_____ Commander _____ Adjutant/Finance Chairman		
Must be signed by Adjutant/Finance Chairman and co-signed by the Commander.		

# _____ Date _____ Amount _____ Payable to: _____ _____ For _____ _____	Disabled American Veterans Auxiliary Warrant / Voucher / Check Request	
	# _____	20 _____
	(Must Agree with Check # Issued)	
	The Treasurer of: _____ State Department or Unit & Number (whichever is applicable)	
	Shall Issue Check To: _____	
	In The Amount Of: _____	
For: _____ _____ _____		
_____ Commander _____ Adjutant/Finance Chairman		
Must be signed by Adjutant/Finance Chairman and co-signed by the Commander.		

# _____ Date _____ Amount _____ Payable to: _____ _____ For _____ _____	Disabled American Veterans Auxiliary Warrant / Voucher / Check Request	
	# _____	20 _____
	(Must Agree with Check # Issued)	
	The Treasurer of: _____ State Department or Unit & Number (whichever is applicable)	
	Shall Issue Check To: _____	
	In The Amount Of: _____	
For: _____ _____ _____		
_____ Commander _____ Adjutant/Finance Chairman		
Must be signed by Adjutant/Finance Chairman and co-signed by the Commander.		

UNIT MINUTES

(To be prepared by the Unit Adjutant. May also be used as a worksheet during meetings for transcription of minutes.)

Name and Number of Unit _____

Location _____ Date _____ Time _____

CALL TO ORDER:

Prayer by _____ Chaplain

Pledge by _____ Patriotic Instructor

Purpose given by _____ Sr. Vice Commander

Eligibility given by _____ Jr. Vice Commander

Roll call of officers by _____ Adjutant

Commander: Present _____ Absent _____

Sr. Vice Commander: Present _____ Absent _____

Jr. Vice Commander: Present _____ Absent _____

Treasurer: Present _____ Absent _____

Chaplain: Present _____ Absent _____

Adjutant: Present _____ Absent _____

Total officers & members present: _____

Unit had a quorum: Yes ____ No ____ *(Four (4) life members shall constitute a quorum. One member present shall be the Unit Commander or a Unit Vice Commander.)*

ORDER OF BUSINESS:

Names of transfer members voted on: _____

Names of visitors: _____

Names of new members who were introduced/initiated: _____

(Member initiation is recommended, but not mandatory. New members and those who have not been previously initiated may be initiated at the meeting and their names recorded in minutes.)

READING OF THE MINUTES:

(The commander asks if there are corrections to minutes. Hearing none the minutes would be declared approved as read. If there are corrections, the minutes would be adopted as amended by unit vote and the amendment/s recorded in the current meeting minutes.)

Amendments to the minutes, if any _____

Minutes Adopted _____ Adopted as amended _____

TREASURER'S REPORT: Given by: _____

Beginning balance: _____ Income: _____

Disbursements: _____ Closing balance: _____

*(After the report is given, the commander states that the treasurer's report will be filed for audit. A motion does not have to be made for this action. **A motion to accept the report is out of order**, since an audit must be taken before it can be established that the treasurer's records are correct.)*

BILLS AND COMMUNICATIONS (list all):

Motion by: _____ Seconded: Yes _____ No _____

Carried: Yes _____ No _____

Additional motion/s, if applicable.

Motion by: _____ Seconded: Yes _____ No _____

Carried: Yes _____ No _____

(If any action is taken on payment of bills or correspondence, all motions must be recorded correctly and the name/s of the member/s making the motion must be indicated. It must show there was a second to the motion, discussion followed, and the outcome of the vote of the unit for each motion. This is true of any motion on any matter at a Unit Meeting.)

SICKNESS & DISTRESS: _____

REPORT OF COMMITTEES:

Membership by _____

Americanism by _____

Community Service by _____

Legislation by _____

Junior Activities by _____

VAVS by _____

Ways and Means by _____

Other committee reports: _____

UNFINISHED BUSINESS: _____

NEW BUSINESS: _____

MONEY MARCH: Amount collected _____ Purpose of funds _____

REMARKS FOR THE GOOD OF THE ORGANIZATION: _____

CLOSING CEREMONY

TIME OF ADJOURNMENT: _____

Minutes prepared by: _____

Title: _____

Date: _____

Minutes Approved: Date _____

Adjutant's Signature: _____

Commander's Signature: _____

TREASURER'S REPORT
(Suggested Form)

Treasurer's Report by: _____

Date: _____ Unit Name and Number: _____

Beginning Balance: Month ____ Day ____ Year _____

List and identify all account types and current balances below

	\$ _____
	\$ _____
	\$ _____

Receipts:

Membership dues received from:

Names & Amounts: _____

_____ \$ _____

Fundraiser/s \$ _____

Donations from:

Names/Source & Amounts \$ _____

Other: (explain) _____ \$ _____

Total Receipts _____ \$ _____

Disbursements:

Dues to National Headquarters (Names & Amounts)

_____ \$ _____

Postage \$ _____

Fundraising Expenses \$ _____

Other: (explain in detail) _____ \$ _____

Total Disbursements _____ \$ _____

[NOTE: Beginning balance (+) Total receipts (-) Total disbursements (=)]

Closing Balance \$ _____

ADD:

Checking: \$ _____

Savings \$ _____

Certificates, etc. \$ _____

Other accounts: (Explain) \$ _____

Total Unit Assets \$ _____

Treasurer's Signature: _____

(The treasurer's report must be given to the adjutant to be attached to the minutes.)

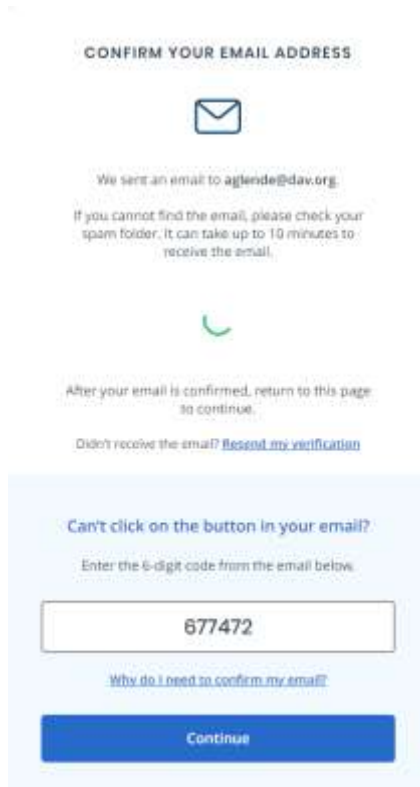
IRS Login and 990-N e-Postcard Filing Information

Effective the above date, all users are required to establish an ID.me account with IRS. **If you already have an account through the VA or Social Security Administration you will not need to set-up a new one!**

1. Visit the sign-up website: <https://api.id.me/en/registration/new>
2. Enter the information it requests:
 - Email
 - Password (should contain lower case letter, upper case letter, number, and be at least eight characters)
 - Confirm Password
3. Place a check mark in the box to accept the ID.me terms of service and privacy policy.

The image shows a registration form for ID.me + IRS. At the top, it says "ID.me + IRS" with the IRS logo. Below that is the heading "Create an ID.me account". There is a link "Already have an ID.me account? Sign in to ID.me". A note says "* indicates a required field". There are three input fields: "Email*" with the placeholder "Enter your email address", "Password*" with "Enter password", and "Confirm Password*" with "Reenter password". At the bottom, there is a checkbox and the text "I accept the ID.me Terms of Service and Privacy Policy". Four arrows point to the asterisks on the labels, the three input boxes, and the checkbox.

4. Once you have submitted the initial form, a new box will generate explaining the transaction-related data will be shared with IRS. If you agree with the content, click Continue.
5. Confirm your email address – an email will be sent to what you entered in step #3. It may take up to ten minutes to receive it. Be sure to check your junk/spam folders. You will enter the six-digit code in the email into the box at the bottom of the screen and hit Continue.



6. You will now need to select an MFA option (multi-factor authentication) in the event that someone would try to login as you. There are multiple ways to do this. The easiest way would be Text Message or Phone Call (first option). For these directions, this is what we will use.

7. Enter your phone number and select how you'd like to receive the code – either text message or phone call. Then click continue.



8. For this example, I elected to receive a text message, which I received within seconds from 95246. Enter the six-digit code and click Continue.

9. You will get a message that your account is now secure. Next, you will need to generate a recovery code. By clicking on generate recovery code, it will generate a code that you will need to **write down and not forget**. If you should get locked out of your account, you can use that code for access.

10. Lastly, you will need to give ID.me permission to share your verified identity with IRS. The IRS will receive your first and last name and email address. Click Allow.

11. You are now registered for ID.me. You can move forward with complete the 990-N e-Postcard as you have previously.

The next step in this process is to manage your e-Postcard profile. Before you can create a Form 990-N e-Postcard, you must create your e-Postcard profile. Your e-Postcard Profile allows you to designate the filer type and add and remove EINs from your profile. This is beneficial to individuals who file postcards for multiple entities. Going forward, a list of all EINs will be available in this section and will not require additional log-in's for each postcard.

The page that you are directed to will ask for information pertaining to the unit or state department filing. To add the EIN, complete the following steps:

1. Select a user type – Exempt Organization. Click “Continue.”
2. Enter your EIN – the first two digits go in box one, the remainder go in box two. Click “Add EIN.”
3. If you file more than one 990-N, continue this process until all EIN's are added. Once done, click “Create New Filing.”
4. Using the drop down, select the EIN that you're filing the 990-N for and click “Continue.”
5. As the preparer, you are only required to answer questions two and three. Question 2 asks, “Are your gross receipts normally \$50,000 or less?” (Yes). Question 3 asks, “Has your organization terminated or gone out of business?” (No). Click “Continue.”
6. The next step is contact information. The DBA Name is the Unit Name/Number or State Department name. Enter the address of the unit adjutant. Remember to select “United States” from the country drop down box. For principal officer, select “Person” from the type of name dropdown. Enter the Adjutant again. Then click “Submit Filing.” The system does not allow for users to enter any

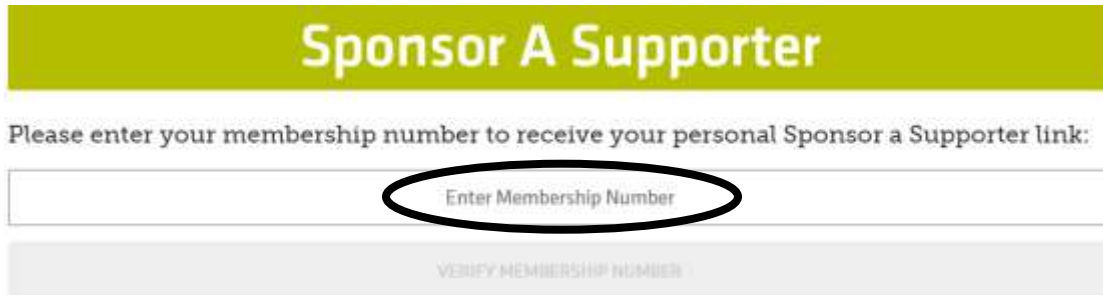
punctuation. Please refrain from using periods, dashes, etc. in names and mailing addresses.

7. A warning will then come on your screen that asks if you want to save the data and submit the filing to the IRS. Once you submit the e-Postcard, you will no longer be able to edit the information. Select “OK” to confirm submission, or “Cancel” if there is something that needs to be reviewed or changed.
8. You will then be redirected to a confirmation page that the information has been submitted. It will include the organization name, EIN, tax year, start date, end date, submission ID, filing date, and status. Always **print** this page for your records. Once you leave this page you are unable to access it again. This is not a confirmation that the IRS accepted your filing. Users must verify the filing has been accepted by going to the “Manage 990-N Submissions” page.

A confirmation will no longer be sent to the email address that you have registered with. To check the status of the electronic filing, log into the 990 Electronic Filing System and go to the “Manage Form 990-N Submission” page. It will indicate the status for each Form 990-N submitted – indicating whether the form was accepted or rejected. If it was rejected, click on the “Submission ID” link for additional details and contact national headquarters.

Sponsor a Supporter

Help us grow our organization with a personalized link that DAV Auxiliary members can use to recruit new members. Members can generate their link by entering their membership number at <https://auxiliary.dav.org/sponsor-a-supporter/>.

A screenshot of a web form titled "Sponsor A Supporter" in a green header. Below the header, the text reads "Please enter your membership number to receive your personal Sponsor a Supporter link:". There is a white input field with a black border containing the placeholder text "Enter Membership Number", which is circled in black. Below the input field is a grey button with the text "VERIFY MEMBERSHIP NUMBER" in all caps.

The Sponsor a Supporter program helps members:

- Educate the community on DAV Auxiliary and its mission
- Reach potential new members, including veterans, their families, caregivers, and friends
- Earn recruitment points
- Recruit new members with the click of a few buttons

Members can also share their Sponsor a Supporter link as a QR code, which potential members can scan to access the same link. The link remains active throughout the year! Members who recruit new members using their link earn points that can be redeemed for DAV Auxiliary swag from the DAV Store.

NOMINATION FOR DAV AUXILIARY OUTSTANDING MEMBER OF THE YEAR

(All information must be neat and legible)

PURPOSE: To recognize the contributions and dedication of an outstanding DAV Auxiliary member whose efforts have enhanced the goals of the DAV Auxiliary, the parent organization, and has been active in the community since becoming a DAV Auxiliary member.

Name of Nominee		Membership #	
Nominee Street Address		Phone # ()	
City	State	Zip Code	
Unit Name & Number		Years of Continuous Membership	

ELIGIBILITY: Any active senior member of the Disabled American Veterans Auxiliary is eligible for this award with the exception of a previous winner of the national organization's Outstanding Member of the Year Award, a Past National Commander, or a DAV/DAV Auxiliary employee. Former DAV or DAV Auxiliary employees should not include any activities on this application performed during their employment. Any DAV Auxiliary member in good standing may sponsor an individual for this award.

Note to Sponsor: Please read the instructions thoroughly. ONLY the current official form provided by National Headquarters or downloaded from the Auxiliary website will be accepted. (Additional attachments may not exceed ten (10) pages and sections must be numbered to match the corresponding section on the official form.) In the appropriate categories, list and explain the activities and approximate period of time in which the candidate was involved or helped initiate those achievements as well as involvement with other community groups during their years as a Senior member of DAV Auxiliary. **Do not include involvement in other veterans' organizations.**

Sponsor Information:

Name: _____ Phone: _____

Address: _____

Street

City, State, Zip Code

As sponsor I hereby verify that the information submitted is correct.

Sponsor's Signature

Date

This completed form must be submitted to National Headquarters and postmarked no later than March 14, 2025.

5. Explain in detail any participation in the following programs of the DAV Auxiliary.

Americanism

Community Service

Junior Activities

Legislation

Membership

VAVS

6. Explain any participation in the programs of the DAV parent organization.

7. List participation and explain involvement with other community groups. (DO NOT **INCLUDE ACTIVITIES IN OTHER VETERANS' ORGANIZATIONS.**)

Note to Sponsor: Please use the space below to state *in your own words* why you feel this member is truly outstanding and deserves consideration for this award. Additional information may be attached.

Return completed form to: National Auxiliary Headquarters
860 Dolwick Dr.
Erlanger, KY 41018

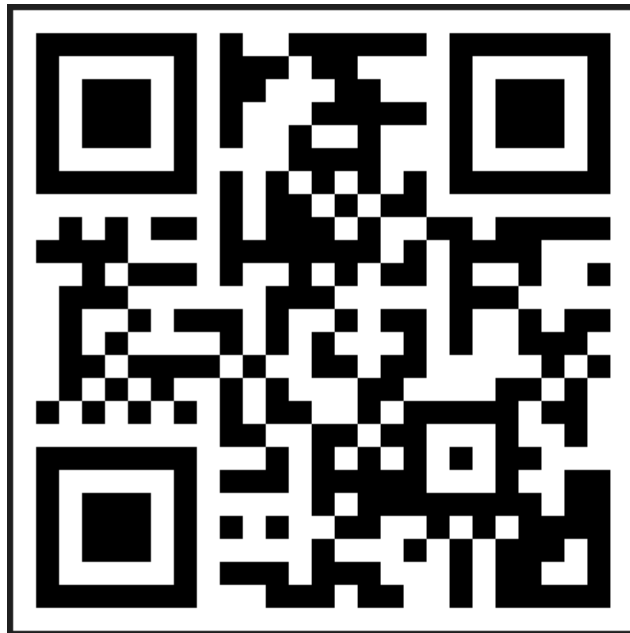
DAV Auxiliary Programs

There is now an easy way to access all DAV Auxiliary programs with just a few clicks! Simply follow these simple steps:

- Open the camera on your phone
- Hover over the QR code below
- Click on the link that opens under or near the QR code
- It will open the website to the DAV Auxiliary programs

All DAV Auxiliary members are encouraged to share this QR code so the veterans, their family, caregivers and the community has access to our programs, including frequently asked questions, applications, and consent forms.

NOTE: Please do not alter the QR code and display it exactly as it is below. Altering the QR code in any way could prevent it from working properly. Thank you!



DAV Auxiliary Vocational/Training Assistance Program

Purpose: Fulfilling DAV Auxiliary's ongoing commitment to serving the educational needs of those we serve by providing financial assistance, based on available program funds, to ill and injured veterans and their immediate family members seeking education opportunities at educational facilities other than accredited colleges/universities. Example: Trade schools, career enhancement training, skill improvement, personal development, etc.

Eligibility: Disabled veteran, their spouse or child.

Reimbursement Limitations: Program funding shall be determined and allotted annually by the DAV Auxiliary National Finance Committee. Assistance shall be determined and granted at the discretion of the National Education Program Committee.

- Consideration may be given to registration fees, lab fees, and books.
- Assistance does not include parking, transportation, meals, or lodging.

Requirements: Advance submission of a completed DAV Auxiliary Vocational/Training assistance application with the following included:

- Name/address of school/facility.
- Course to be taken, including cost.
- Reason for taking the course and how it will enhance personal development for workplace skills or career advancement.
- Applicant must acknowledge that they did not otherwise receive any other free financial assistance (such as scholarships, GI Bills, and education grants) that when combined with this benefit would result in an overpayment of the original course cost.

Financial Assistance Process:

- The DAV Auxiliary Education Program Committee shall: determine fund availability (funds are allotted per calendar year); review the Vocational/Training assistance application; and determine approval status and amount granted. Maximum reimbursement is \$500.
- Applicants will be notified of the committee's approval decision.
- Within 60 days of course completion, pre-approved recipients will submit verification of course taken with proof of payment and course completion with a "C" or better grade (or a pass for course that is graded on a pass/fail basis or equivalent, thereof, at the discretion of the scholarship committee) dated within 60 days after course completion.
- Recipients will be required to complete a W-9 for check issuance purposes.

DAV Auxiliary Vocational/Training Assistance Program FAQ

Q. Who is eligible to apply for this assistance?

A. In our ongoing mission of service to disabled veterans and their families, this assistance is available to ill and injured veterans, their spouse, and their children.

Q. Explain what this program is about.

A. DAV Auxiliary takes pride in their history of providing education financial assistance since 1932. This particular program focuses on **vocational and personal development training** (not general classes for associate degrees or enhancements or enhancements to achieve a four-year degree).

Q. What is the purpose of the program?

A. To assist disabled veterans and their spouse or children with course expenses for those with a desire to improve their workplace skills and for career development.

Q. For a better understanding of this program, what are some vocational/training examples?

A. Examples would include trade schools, online courses, one-off community classes such as Microsoft Office or other personal development courses that would facilitate job procurement, career enhancement, etc.

Q. How much are the education grants per applicant?

A. At this time, the maximum amount to be granted is \$500. Funding for this program is based on fund availability and determined by the DAV Auxiliary National Finance Committee annually.

Q. How do I apply?

A. Applicants will complete an application for assistance preapproval. The application will be reviewed by the DAV Auxiliary Education Program Committee. If approved, applicants will receive notification of the amount granted and what information will be required within 60 days of course completion in order to receive reimbursement.

Q. What is covered?

A. When considering the grant amount, the committee will take several factors into consideration such as course cost, lab fees, books, and other class necessities as determined by the committee. Expenses **not** considered are parking, transportation, meals, or lodging.

Applicant must acknowledge that they did not otherwise receive any other free financial assistance (such as scholarships, GI Bills, and education grants) that when combined with this benefit would result in an overpayment of the original course cost.

The DAV Auxiliary is not responsible for state, local, federal taxes, or laws or regulations regarding benefits of this nature and are the sole responsibility of the recipient.



DISABLED AMERICAN VETERANS AUXILIARY VOCATIONAL/TRAINING ASSISTANCE APPLICATION



GENERAL INFORMATION:

Name of Applicant: _____
Last First Middle

Permanent Address: _____
Number & Street

City, State & Zip Code

(Area Code) Phone Number Email Address

RELATIONSHIP TO DISABLED VETERAN:

- Self Spouse Child

VOCATIONAL/TRAINING EDUCATIONAL FACILITY:

Name: _____ Phone: _____

City, State, & Zip Code : _____

Course Name: _____ Course Start Date: _____

Course Cost (required for preapproval decision): \$ _____

PERSONAL DEVELOPMENT AND/OR CAREER ADVANCEMENT:

Explain your purpose for taking this course and how it will improve your personal development, workplace skills and/or career advancement opportunities. Attach a separate sheet, 500 words maximum.

By signing this application:

- You affirm the accuracy of the information submitted and confirm that you are a disabled veteran, their spouse or child who intends to complete the course indicated.
- You will not otherwise receive any other free financial assistance such as scholarships, GI Bills, education grants, etc., for this course that when combined with this benefit would result in an overpayment of the original course cost.
- You understand that financial assistance grants are based on funding availability and at the discretion of the DAV Auxiliary Education Program Committee.
- The DAV Auxiliary is not responsible for state, local, federal taxes, or laws or regulations regarding benefits of this nature and are the sole responsibility of the recipient

Applicant's Signature

Date

This application must be completed, signed and sent with required attachments to the National Disabled American Veterans Auxiliary Headquarters, 860 Dolwick Dr., Erlanger, KY 41018.



DISABLED AMERICAN VETERANS AUXILIARY EDUCATION SCHOLARSHIP ELIGIBILITY AND QUALIFICATIONS



The DAV Auxiliary Education Scholarship Program was established to provide education scholarships for students attending an accredited college, university, or vocational school in the United States or Territory.

Scholarship Amounts Available*:

Full-time student with a minimum of 12 credit hours not to exceed \$2,500

Part-time student with a minimum of six credit hours not to exceed \$750

Unique student with less than six credit hours not to exceed \$750

**The amount of scholarships granted each year will be determined by the National Education Committee, DAVA National Headquarters, and the National Finance Committee. If a scholarship is granted, a check will be sent directly to the school, not to the student. The decisions of the Scholarship Committee are final.*

Requirements:

- Be at least a high school senior.
- GPA of at least 2.5 (submit copy of official transcript of grades).
- Provide a narrative about personal career/life aspirations, not to exceed 500 words.
- List what you have done to serve disabled veterans/families during the past two years.
- Complete the most current application (Rev. Sept. 2024).
- Applications must be completed, signed, and postmarked **no later than March 21, 2025**, to be considered.

Application Forms:

Application forms are available at www.davauxiliary.org or by contacting DAV Auxiliary National Headquarters at 833.368.1220.



DISABLED AMERICAN VETERANS AUXILIARY EDUCATION SCHOLARSHIP APPLICATION



1. GENERAL INFORMATION:

Name of Applicant: _____
Last First Middle

Permanent Address: _____
Number & Street

City, State & Zip Code

(Area Code) Phone Number Email Address

Date of Birth: _____

Complete name and address of the school you will be attending:

School phone number: _____

Year of Education: Freshman Sophomore Junior Senior Graduate

Full-Time Student Part-Time Student Unique Request Student
(Minimum of 12 credits) (Minimum of 6 Credits) (Less than 6 credits)

Date you plan to attend school: _____ Number of years you plan to attend: _____

Proposed major & profession: _____

Anticipated Graduation Date: _____

2. UNIQUE REQUEST ONLY (less than 6 credits):

Briefly explain your unique request. (Why you will need to take fewer than 6 credits)

3. CAREER/LIFE ASPIRATIONS

Explain your career/life aspirations and how your education will help achieve these goals.
Attach a separate sheet, 500 words maximum.

4. LIST OF SERVICES TO DISABLED VETERANS/FAMILIES

On a separate sheet, provide a chronological list (not a summary) of what you have done to service disabled veterans or their families during the past two years.

Submit any additional information that might affect your application for a scholarship.

I hereby affirm the correctness of the information submitted.

Applicant's Signature

Parent/Guardian Signature (if student is under 18)

Date

Date

Submission Checklist:

- Completed Application (must be the most recent application Rev. Sept. 2024).
- Career/life aspirations.
- List what you have done to serve disabled veterans/families during the past two years.
- Copy of official transcript of grades.
- School's W-9** (can be obtained from the financial aid/bursar office).

This application must be completed, signed and postmarked NO LATER THAN MARCH 21, 2025, and sent to the National Disabled American Veterans Auxiliary Headquarters at the address below.

National Education Scholarship Fund
Disabled American Veterans Auxiliary
860 Dolwick Dr.
Erlanger, KY 41018

DAV Auxiliary
DAV Auxiliary Family Assistance Program Frequently Asked Questions (FAQ)

Q. Explain what this program is about.

A. DAV Auxiliary understands that times can be tough for individuals and families. Our constitution codifies the purpose of the organization to include, in part, advancing “the interests and work for the betterment of all wounded, injured, and disabled veterans and their families...” As a part of this mission, we created a program that assists families during their most vulnerable time by giving them a hand-up, not a hand-out.

Q. Explain what would be considered emergency and/or essential.

A. A few examples would include outstanding utility bills at risk or already disconnected, mortgage and/or rent payment, medical bills, medically needed items such as hearing aids, dentures, heart monitors, propane for winter heating, etc.

Q. Are extenuating circumstances considered for this program?

A. Yes. We know that every individual circumstance can be unique, and that is why it is up to the discretion of DAV Auxiliary national headquarters to review all applications when submitted, including those with extenuating circumstances. Please contact our office for additional information or clarification.

Q. Who is eligible to apply for this assistance?

A. An ill or injured disabled veteran, their spouse or their child.

Q. What if my child is an adult and no longer living in my home? May they apply?

A. Yes. As long as you are the parent and are an ill or injured veteran, the child may apply.

Q. Can relatives of Veterans apply?

A. No, not at this time. Currently, an ill or injured veteran, their spouse or their child may apply.

Q. The Veteran for whom a child is eligible through is deceased. May the child still apply?

A. Yes.

Q. The Veteran for whom a spouse is eligible through is deceased. May the spouse still apply?

A. Yes.

.....
Since 1922, the Disabled American Veterans Auxiliary (DAVA) has collaborated with the DAV parent organization in their mission of service to disabled veterans and their families. The DAV Auxiliary programs are far-reaching and the personal rewards fulfilling. Our members are diverse in their interests, which has made the DAV Auxiliary so successful. Foremost in our hearts is the goal of making a difference in the lives of disabled veterans and their families.

To view additional resources DAV and DAV Auxiliary offer that could benefit you and your family, please visit www.dav.org and www.davauxiliary.org.

DAV Auxiliary encourages you to utilize your resources. While our program is designated to provide emergency assistance, should you find yourself in need of beyond what is available from our organization, please reach out to your local VA Medical Center at 1-800-698-2411 to be put in touch with a patient care agent 24 hours a day, seven days a week.



DISABLED AMERICAN VETERANS AUXILIARY FAMILY ASSISTANCE PROGRAM REQUEST

Article II of the DAV Auxiliary Constitution codifies the purpose of the organization to include, in part, advancing "the interests and work for the betterment of all wounded, injured, and disabled veterans and their families...." In carrying out this stated purpose, DAV Auxiliary has modified the Family Assistance Program to assist ill or injured disabled veterans, their spouses and their children in times of dire financial need.

Requestor must be an ill or injured disabled veteran, their spouse, or their child. Funds will be payable directly to the financial need only, not the individual. The one-time maximum payment will not exceed \$1,000.

Applicant is to complete this application and submit the necessary documentation such as copies of outstanding utility bills, mortgage/rent payment, medical bills, etc. Consideration will only be given to requests deemed essential/emergency in nature per the program guidelines and once all proper documentation has been received. In order that we can verify the balance owed, complete contact information must be provided along with a signed consent form.

Applicant's Full Name _____
First MI Last

Maiden Name, if applicable _____ Date of Birth _____

Mailing Address: _____
House Number, Street & Apt. #

_____ City State Zip Code

Phone _____ Email: _____
Home Mobile

Relationship to the ill or injured veteran: Self Spouse Child

Name of injured or ill disabled veteran: _____

Veteran's branch of military service: _____ Service Dates, if known: _____

Have you received monetary assistance from the DAV Auxiliary Family Assistance Program in the past?
Yes No

Reason for financial need:

What are your goals moving forward to eliminate the need for financial assistance?

Signature _____ Date: _____

Complete and send to: DAV Auxiliary, 860 Dolwick Dr., Erlanger, KY 41018 ~ Email: dava@dav.org

Notice: The DAV Auxiliary National Finance Committee shall determine an amount to be disbursed in a calendar year. Once exhausted, no further distribution will be granted. DAV Auxiliary has the final determination on what is considered emergency and/or essential.

Rev. 1/2024

Disabled American Veterans Auxiliary Family Assistance Program



The Disabled American Veterans Auxiliary's Family Assistance Program fund assists service connected disabled veterans, their spouses and their children with emergency assistances. The funds are not paid to the applicant, but credited directly to an outstanding bill. It is necessary that the organization be able to verify and confirm the amount of the bill(s) that are submitted before any funds may be expended.

I hereby give my consent to the Disabled American Veterans Auxiliary to request information concerning bills that I have presented.

Signature

Date

Street Address

City, State, Zip Code

Complete and return to:

Disabled American Veterans Auxiliary - 860 Dolwick Dr., Erlanger, KY 41018

Email: dava@dav.org

.....
Since 1922, the Disabled American Veterans Auxiliary (DAVA) has collaborated with the DAV parent organization in their mission of service to disabled veterans and their families. The DAV Auxiliary programs are far-reaching and the personal rewards fulfilling. Our members are diverse in their interests, which has made the DAV Auxiliary so successful. Foremost in our hearts is the goal of making a difference in the lives of disabled veterans and their families.

To view additional resources DAV and DAV Auxiliary offer that could benefit you and your family, please visit www.dav.org and www.davauxiliary.org.

DAV Auxiliary encourages you to utilize your resources. While our program is designated to provide emergency assistance, should you find yourself in need of beyond what is available from our organization, please reach out to your local VA Medical Center at 1-800-698-2411 to be put in touch with a patient care agent 24 hours a day, seven days a week.

DAV Auxiliary
DAVA 4 Kids Grant Frequently Asked Questions (FAQ)

Q. Explain what this program is about.

A. DAV Auxiliary understands the sacrifices of not only injured and ill veterans, but also their children and families. DAVA 4 Kids will help a child's want become a reality. This grant can assist with a payment to attend program camps (sports, band, recreational, religious, etc.), participate in extracurricular activities (clubs, arts, sports, JROTC, school trips, etc.), and help with certain extenuating circumstances of an eligible child. The program is a small way of letting a child know that they are not forgotten and allows him or her to focus on being exactly what they are – a child!

Q. Explain extenuating circumstances.

A. A few examples of extenuating circumstances are medically necessary items not covered or fully covered by insurance, such as braces, glasses, medical equipment, etc. It can also be used to help with purchasing items for back-to-school or a special event. If you are unsure if the need qualifies, simply contact our office.

Q. Who is eligible to apply for this assistance?

A. A child ages 3-17 years old whose parent/legal guardian is an injured or ill veteran **with financial need**.

Q. Explain what a legal guardian is.

A. A legal guardian is someone who legally has the care and management of a child. This individual was granted legal responsibility to care for a child who does not have the capacity for self-care by a judge.

Q. I have multiple children in the household who are eligible. Can more than one child apply?

A. Yes. All children in the household who meet the established criteria **with financial need** are eligible to apply for one grant per calendar year not to exceed \$500.

Q. Can relatives of Veterans apply?

A. No, not at this time. Currently, only children whose parent/legal guardian is an injured or ill veteran may apply.

Q. The Veteran for whom my child is eligible through is deceased. May we still apply?

A. Yes.

.....

Since 1922, the Disabled American Veterans Auxiliary (DAVA) has collaborated with the DAV parent organization in their mission of service to disabled veterans and their families. With nearly a quarter-million members, the DAV Auxiliary programs are far-reaching and the personal rewards fulfilling. Our members are diverse in their interests, which has made the DAV Auxiliary so successful. Foremost in our hearts is the goal of making a difference in the lives of disabled veterans and their families.

To learn more, or to join, please visit www.davauxiliary.org

DAV Programs and Services

DAV offers a wide range of programs and services to help veterans, their spouses, caregivers, and families. We encourage DAV Auxiliary members to explore these services and share resources as needed.

Membership: DAV is an organization of veterans helping veterans. Some join for the fellowship at more than 1,200 local chapters. Some for the inspiring national events. Others for opportunities to serve their fellow veterans and their families. And many join to continue to fight to support the rights and benefits of all veterans. DAV understands the needs of veterans because they are veterans – nearly 1 million strong. <https://www.dav.org/join-2/join-dav/>

Commander's Action Network: Stay informed and take action to support federal legislation and policies affecting veterans, their families and survivors by joining DAV CAN. <https://dav.quorum.us/home/>

Employment Services: DAV is committed to ensuring that the men and women who stood up for America have the tools, resources and opportunities they need to competitively enter the job market and secure meaningful employment. Opportunities are also available for spouses. <https://www.dav.org/get-involved/hire-veterans/>

Voluntary Services: There are a wide range of volunteer opportunities to assist our nation's heroes. Volunteer to transport veterans to and from their VA medical appointments, help at a VA facility or assist veterans in your local community. No matter who you are, or what level of your experience, you can stand by our nation's veterans. <https://www.dav.org/get-involved/volunteer/>

DAV Scholarships: Each year, DAV honors volunteers who demonstrate outstanding dedication and service to America's veterans by offering \$110,000 in scholarships to be used toward any accredited institution of higher learning, including universities, colleges, community colleges and vocational schools. Students must volunteer a minimum of 100 volunteer hours through DAV or DAV Auxiliary. <https://www.dav.org/get-involved/volunteer/dav-scholarships/>

DAV Caregiver Support: Provides tailored support and resources to friends, family members and loved ones who provide care to those who served. Powered by TCARE, the program allows veterans and their families to access tailored caregiver support and resources – including individual support from a trained specialist – at no cost. <https://www.dav.org/get-help-now/dav-caregivers-support/>

Reactivating a Unit

If a unit wishes to reactivate within the 18 month time frame they must do the following:

Contact those members in the state at-large who previously belonged to the unit and may wish to transfer from the state at-large. This list can be provided by national headquarters to the State Commander or State Adjutant assisting with the process. These members do not have to be new members since this is a reactivation of unit that existed previously.

- In order to reactivate, the unit must have ten (new or transfer) senior members, as well as members willing to hold an office or chairmanship in order for the unit to function.
- Transfers must be filled out for each member. Note: state and/or national at-large transfers will take immediate effect in the reactivated unit.
- An election shall be held.
- A completed officer report form, completed transfer forms, applications and any money that is to be applied to the members shall be mailed directly to National Headquarters along with a letter requesting reactivation.
- If all information is correct, the unit shall be activated under the original charter. The charter should have been sent to National Headquarters when the unit disbanded.
- If the unit charter has been misplaced and was not sent in to National Headquarters a duplicate will be issued for a fee of \$10.00. It shall state "duplicate" on the charter.
- The state department shall be instructed to return any money and property that may have been submitted by the unit at the time the unit disbanded.
- If the unit was indebted (mandates) to the organization at the time of revocation, they must remit that indebtedness payment before reactivation can be processed.

It is important to remember that when a unit disbands, the money that they have must be sent to their state department and not given to the parent organization. The state department will hold the funds in escrow for 18 months. The instructions above are for a unit that is reactivating prior to a deadline of 18 months. After 18 months, the unit cannot reactivate under the existing charter and all funds will then go into the general fund of the state department.

PROCEDURE FOR DISBANDING AN AUXILIARY UNIT

When unit membership has decided that due to inactivity, lack of interest, or the failure to hold the required amount of business meetings, they find their only recourse is to disband, we are asking that the following steps be observed.

- First, units must contact the state department to discuss the issues they are facing.
- The unit **may not**, under any circumstances, spend down the money in their unit bank account/s. In accordance with the National Constitution and Bylaws, the funds will be held in escrow by the state department for 18 months. In the event of a reactivation, the funds are returned to the unit.
- The state department will be responsible for arranging a special unit meeting to discuss the issues facing the unit. Special meeting notification must be sent to all adult members advising that a meeting will be held for the purpose of discussing charter retention and their attendance is critical to the unit's future and the mission of our organization. Provide meeting location, date, and time.
- If the special meeting proves futile due to lack attendance or those present vote to disband, if the state department is in concurrence, they must submit a letter to national headquarters requesting revocation. **This letter is to include all efforts made by the state department to assist with unit charter retention.** Sometimes, all a unit needs is reassurance and the support of their state leaders. ***No action will be taken by national headquarters without this official notification and explanation.***
- In the event of charter revocation of a parent chapter, the Auxiliary unit may still retain its charter upon vote of the unit followed by proper notification provided to national headquarters.

Upon charter revocation, all property, money and effects of the unit, with the exception of the charter, shall revert to the State Department to be held in trust for a period of 18 months. In the event the unit charter is not reissued within a period of 18 months, said property shall become the absolute property of the State Department.

It bears repeating that **unit funds shall go to the auxiliary state department when a unit disbands since it cannot be expended for any other activity, program, or to other organizations, including the parent chapter.**

The original charter must be sent to National Headquarters for safekeeping.

The purpose of the procedure listed above is to give each member advance notice that the charter may be revoked due to inactivity or other reasons and provide the opportunity for them to invest the time and work necessary to save the unit charter.

AMERICANISM REPORT 2024-2025

Fill out in triplicate: Send two copies to
address listed at right:
Keep one copy for Unit files.

Must be postmarked by: _____

Additional pages may be added to further explain any information given on this report. Please remember to number the items on any additional pages to correspond with the questions.

PLEASE PRINT

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

NUMBER OF SENIOR MEMBERS _____

1. Number of Americanism Programs your Unit sponsored _____ Number of Essay Contests
Sponsored _____

2. Describe any Americanism Programs presented and what literature was displayed or distributed.

3. Number and size of flags your Unit presented.

_____ 4 x 6 in. _____ 6 x 9 in. _____ 8 x 12 in. _____ 12 x 18 in. _____ 2 x 3 ft. _____ 3 x 5 ft. _____ 4 x 6 ft.
_____ 5 x 9.6 ft.- casket size _____ 6 x 10 ft.

4. How many Americanism reports were given at your meetings? _____

5. Did your unit observe all holidays and display the American Flag when possible? Yes _____ No _____

6. Were Unit members and others encouraged to vote and to promote civic duty awareness? Yes _____ No _____

7. Did your Unit support the POW/MIA program? Yes _____ No _____

8. List Americanism activities such as Memorial and Veterans Day Services, Parades, etc. (Do not include Special Americanism Program.)

Submitted by:

Signature of Commander and/or Chairman

SPECIAL AMERICANISM PROGRAM 2024-2025

Fill out in triplicate: Send two copies to
address listed at right:
Keep one copy for Unit files.

Must be postmarked by: _____

PLEASE PRINT OR TYPE

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

NUMBER OF SENIOR MEMBERS _____

SELECT ONE: CATEGORY 10 TO 200 _____ CATEGORY 201 AND OVER _____

A Special Americanism Program has to be an event that the General Public and Dignitaries are invited to attend. Suggested topics could be articles within the Auxiliary Manual, citizenship, veterans, special essays, patriotic plays, music, etc. Additional pages may be added to further describe this program.

1. Did you have a Special Americanism Program? Yes _____ No _____

*Complete a report for each Special Americanism Program completed by the Unit

Date of Program _____

Type of Program _____

Was the public invited? _____

2. Describe your program: (Please do not attach pictures or newspaper clippings)

3. Explain Media Coverage (Social Media, TV, radio, local newspaper)

4. List any dignitaries who attended:

5. Total number in attendance. _____

Submitted by:

Signature of Commander and/or Chairman

COMMUNITY SERVICE REPORT 2024-2025

Fill out in triplicate. Send two copies to address listed at right:

Keep one copy for Unit files.

Must be postmarked by: _____

Print Legibly

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

NUMBER OF SENIOR MEMBERS _____ Total senior members working on Community Service _____

Refer to the **Community Service Table of Values** as your guideline. Monetary donations by the Unit should be listed only in the column designated for Unit Checks. All other cash donations from members should be listed in the last column. If the total amount exceeds **\$1,000**, attach itemized explanation of expenditures. Additional explanation and detail of unit activities may be attached (limit to three pages). The report of services provided by the unit members within the community may not include relatives.

	<u>Miles</u>	<u>Hours</u>	<u>Donations by Unit Checks</u>	<u>Value all Other Donations</u>	<u>Cash Donations from Members</u>
1. Family Services: Direct aid to families, visits, clothing, food, errands, transportation, etc.	_____	_____	\$ _____	\$ _____	\$ _____
2. Facility Visits: Nursing homes, treatment centers, health care centers/hospitals, etc.	_____	_____	\$ _____	\$ _____	\$ _____
3. Professional & Trade Services/ Payments: Medical/dental, electrician, plumber, etc.	_____	_____	\$ _____	\$ _____	\$ _____
4. Recreation & Entertainment: Excursions, parties, reading, gifts, therapeutic sewing, baking, etc.	_____	_____	\$ _____	\$ _____	\$ _____
5. Special Projects and Programs: Caregiver Initiative, Efforts for the Deployed, etc.	_____	_____	\$ _____	\$ _____	\$ _____
Totals:	_____	_____	\$ _____	\$ _____	\$ _____
Total of All Donations	\$ _____				

Submitted by: _____

Signature of Commander and/or Chairman

JUNIOR ACTIVITIES REPORT 2024-2025

Please report all Junior Activities on this form.

Fill out in triplicate. Send two copies to
address listed at right:

Keep one copy for Unit files.

Must be postmarked by: _____

PLEASE PRINT:

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

Total Junior Membership _____ Do you have a chartered Junior Unit? _____

How many Juniors participated in activities? _____

List number of volunteer hours and describe the activities in the categories listed below. On the reverse side, or an additional sheet of paper, please include the name of Juniors who participated in each activity.

1) VA Medical Center: _____ Hours Activities: _____

2) Hospital/Nursing Home: _____ Hours Activities: _____

3) Community Service: _____ Hours Activities: _____

4) Forget-Me-Not Drives: _____ Hours Activities: _____

5) Americanism: _____ Hours Activities: _____

6) Chapter/Unit Activities: _____ Hours Activities: _____

7) Veterans Day: _____ Hours Activities: _____

8) School/Church: _____ Hours Activities: _____

9) Miscellaneous: _____ Hours Activities: _____

_____ Total Hours

Submitted by:

Signature of Commander and/or Chairman

**DAVA JUNIOR AWARD QUESTIONNAIRE
2024-2025**

Directions: Please read carefully

- 1) Form must be completed by a DAV or DAV Auxiliary member 18 years of age or older. A brief synopsis relating their knowledge of candidate's abilities or activities must be included.
- 2) Fill out in triplicate. Keep one copy for unit files.
Send two copies to address listed at right:
- 3) Questionnaire must be postmarked by: _____

A total of three awards will be given. Please place a checkmark by the age group of the candidate.

Outstanding Junior Award
(Ages 7 - 10)

Outstanding Junior Award
(Ages 11 - 14)

Outstanding Junior Award
(Ages 15 - 17)

PLEASE PRINT

Candidate's Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Auxiliary Name and Unit Number _____ State _____

Number of years as a DAVA Junior member _____

List total volunteer hours for the CURRENT MEMBERSHIP YEAR ONLY for the following:

VA Medical Center	_____	Chapter/Unit Activities	_____
Hospital/Nursing Home	_____	Veterans Day	_____
Community Service	_____	School/Church	_____
Forget-Me-Not Drive	_____	Miscellaneous	_____
Americanism	_____		

NOTE: Participation in the above categories should be fully explained and verified in the synopsis submitted by the nominator. All hours are for the 2024-2025 year only.

Nominator Signature _____ Parent/Guardian Signature _____

LEGISLATIVE REPORT 2024-2025

Fill out in triplicate. Send two copies to address listed at right:

Keep one copy for Unit files.

Must be postmarked by: _____

PLEASE PRINT

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

TOTAL NUMBER OF SENIOR MEMBERS _____

THIS NATIONAL LEGISLATIVE REPORT IS FOR LEGISLATION ON VETERANS' BILLS ONLY

Contacts reflect the number of letters, telephone calls, telegrams, emails, faxes and personal visits made and/or received by a member from: Federal level - President, Senators or Representatives; State level - Governor, State Senators or Representatives; Local level - Mayor, City or Town Council, County Commissioners or other elected officials. **Follow-ups** are "Thank you for your support" letters on listed bill. **Do not attach bulletins or letters to your report.**

1. Total number participating in Legislative program _____
2. Total number of meetings Unit participated in discussion on Veterans' bills _____
3. Total Legislative contacts and Follow-Up "Thank You" letters at Federal, State, and Local Levels: _____

Bill #	Topic	# of Federal Contacts	# of Federal Follow-Up	# of State Contacts	# of State Follow-up	# of County, City, Local Contacts	# of County, City, Local Follow-up
Total Contacts & Follow-up "Thank You" letters (this page)							
Totals from the back side of this report (if applicable)							
GRAND TOTAL							

If additional space is needed, list bill numbers, topic, and number of contacts on the back of this report.

Submitted by:

Signature of Commander and/or Chairman

MAE HOLMES NATIONAL OUTSTANDING UNIT REPORT 2024-2025

Complete this report LAST as the totals must agree with your other reports. You may use the reverse side for additional explanation and details.

Make four copies. Send three copies to address
Listed at right:
Keep one copy for your unit records.

Must be postmarked by: _____

PLEASE PRINT:

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

Number of **Senior** Members _____

Number of **Junior** Members _____

Total number of Members _____

1. **Membership:** Did your unit have a membership drive and/or program? _____
How many members were obtained? _____ Explain your membership drive and/or program.

2. **Americanism:** Number of programs, parades, and essay contests which your Unit sponsored or participated _____ Describe the most outstanding:

3. **Legislation:** Total number of meetings Unit participated in discussion on Veterans' bills? _____
Total number of Federal, State and Local legislative contacts. _____

4. **Junior Activities:** Describe the activities of your junior members:

	Total Value (\$)	Hours	Miles
5. VAVS			N/A
6. Community Service			

Note: If over \$1000 reported in Total Value column for any of the reports, attach copy of the report(s) **FORM ONLY** - no attachments

7. Explain any other **SPECIAL** projects which your unit sponsored or were participants:

Submitted by: _____
Signature of Unit Commander

V.A.V.S. REPORT 2024-2025

Fill out in triplicate. Send two copies to address listed at right: Keep one copy for Unit files

Must be postmarked by: _____

PLEASE PRINT OR TYPE

NAME OF UNIT _____ UNIT NUMBER _____
 CITY _____ STATE _____

TOTAL NUMBER OF SENIOR MEMBERS _____
 LOCATION OF DVA MEDICAL CENTERS _____
 LOCATION OF DVA SATELLITE CLINICS _____

*DVA Certified

1. Certified VA Volunteer Hours for this year ONLY. (Volunteers must have completed orientation and all VA required paperwork. Below information can be obtained from Voluntary Services Program Manager.)

	<u>NUMBER</u>	<u>HOURS</u>
Regularly scheduled (R/S) volunteers	_____	_____
Sponsored volunteers	_____	_____
Occasional volunteers (non R/S)	_____	_____
TOTAL	_____	_____
Number of NEW VA volunteers that were recruited this year	_____	

2. List and explain Unit Projects/Values and monetary donations. One project per line. All lines must be itemized.

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total (all lines)		\$ _____

If additional room is needed, use reverse side or add additional sheets.

3. Was a Special Fundraiser held to benefit VAVS? Yes _____ No _____
 Total number of volunteer hours for the program _____ Total amount raised \$ _____

Briefly explain the program:

*DVA includes VAMC, VA Outpatient Clinics, VA Hospice, VA Home-Health, VA Nursing Homes, VA Foster Care, VA Vet Centers, National VA Cemeteries, VA Regional Offices. State Veterans' Homes and Cemeteries if a Memorandum of Understanding (MOU) is in place. Hours must be certified through VAMC.

Submitted by: _____

Signature of Commander and/or VAVS Chairman

