



CATHOLIC WAR VETERANS

OF THE UNITED STATES OF AMERICA, INC.

PHONE: (703) 549-3622
<http://.cwv.org>

National Headquarters
 P.O. Box 5356
 Astoria, NY 11105-5356

OFFICER ROSTER FOR:	Post Number		For Membership Year
Annual Post Dues Amount:		Post Name	
Meets At:		Meeting Day(s)	
Name of Chapter:		Name of Department	

PLEASE PRINT OR TYPE ALL INFORMATION – SUBMIT THIS FORM DIRECTLY AFTER ELECTIONS

OFFICE	LAST NAME	FIRST NAME/INITIAL	ADDRESS <small>(Number & Street) (City, State Zip Code)</small>	Ph. # /email
Commander				
1 st Vice CDR				
2 nd Vice CDR				
3 rd Vice CDR				
Adjutant				
Treasurer				
Judge Advocate				
Historian				
Welfare Officer				
Officer of the Day				
Trustee/ Director 3yr				
Trustee/ Director 3yr				
Trustee/ Director 2yr				
Trustee/ Director 2yr				
Trustee/ Director 1yr				
Trustee/ Director 1yr				
Service Officer				
Auxiliary Liaison				
Chaplain				
Chaplain				

Form Disposition Submit thru Echelons	Post: Make 4 copies, retain 1 Forward 3 to Chapter	Chapter: Retain 1 copy Forward 2 to Department	Department: Retain 1 copy Forward 1 to Nat'l Dept
---	--	---	--