



***SIDE TWO: APPOINTED OFFICERS***

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Adjutant	Address	City	State	Zip	(area code) Phone Number
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<b>Hospital Chairman</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>(area code) Phone Number</b>
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Blood Chairman	Address	City	State	Zip	(area code) Phone Number
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Provost Marshall	Address	City	State	Zip	(area code) Phone Number
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Guard	Address	City	State	Zip	(area code) Phone Number
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Officer of the Day	Address	City	State	Zip	(area code) Phone Number
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VFW Booster Chairman	Address	City	State	Zip	(area code) Phone Number
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Nat'l Home Special Projects Chair,	Address	City	State	Zip	(area code) phone number
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**THIS DISTRICT MEETS ON:**

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<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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NOTE: This form **MUST** be signed by installing officer original and two copies. **MAKE TWO COPIES!** Original **MUST** be mailed to THE GRAND ADJUTANT and a copy mailed to Supreme Headquarters. The second copy should be retained for the **DISTRICT/AREA** records. This is the responsibility of the **INSTALLING OFFICER**.