

**2025 APPLICATION TO HOLD ELECTED DAV DEPARTMENT OFFICE**

*This application will be reviewed by the Nominating Committee for their consideration prior to the Department Convention; applications submitted at Convention will be reviewed at that time for consideration of inclusion on the pre-selected slate of officers. Please bring your membership card! Return by May 14, 2025*

**When completed -- please return to:** Department Adjutant  
DAV Department of Arkansas  
Post Office Box 1620  
North Little Rock, Arkansas 72115-1620  
**\*\*You may email application to [ardept@ardav.org](mailto:ardept@ardav.org)**

NAME: \_\_\_\_\_ YEARS OF MEMBERSHIP \_\_\_\_\_ CHAPTER \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MEMBERSHIP # \_\_\_\_\_

\_\_\_\_\_  
HAVE YOU SERVED AS CHAPTER COMMANDER? \_\_\_\_\_  
HAVE YOU SERVED AS A DEPARTMENT OFFICER? \_\_\_\_\_

IF YOU HAVE SERVED AS A DEPARTMENT OFFICER, WHAT OFFICE DID YOU HOLD, WHEN AND WHERE?  
\_\_\_\_\_  
\_\_\_\_\_

HOW MANY DEPARTMENT CONVENTIONS HAVE YOU ATTENDED? \_\_\_\_\_

NATIONAL CONVENTIONS/CONFERENCES? \_\_\_\_\_

WHAT OTHER ORGANIZATIONS DO YOU BELONG TO? \_\_\_\_\_

ARE YOU FREE TO TRAVEL? \_\_\_\_\_

ARE YOU PREPARED TO SPEND YOUR OWN MONEY? \_\_\_\_\_

WHAT DEPARTMENT OFFICE ARE YOU SEEKING? \_\_\_\_\_

ARE YOU SEEKING A BOARD OF DIRECTORS POSTION? \_\_\_\_\_

ARE YOU WILLING TO ACCEPT AN ALTERNATE POSITION? \_\_\_\_\_

WHY ARE YOU SEEKING THIS OFFICE? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF CANDIDATE: \_\_\_\_\_ Date: \_\_\_\_\_

**Your Membership Number must accompany this application!**