



AMVET RIDERS DEPARTMENT OF FLORIDA

CHAPTER CHANGE OF OFFICERS FORM

PO BOX 1271
Bronson, FL 32621

PLEASE TYPE OR PRINT LEGIBLY

CHAPTER _____ E.I.N _____ PHONE _____ DATE _____			
ADDRESS _____	CITY _____	STATE _____	ZIP _____

CHAPTER OFFICIAL CONTACT

SEND MAIL TO: _____	E-MAIL _____	HOME PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____

CHAPTER OFFICERS FOR 20 - 20

COMMANDER _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
EMAIL ADDRESS _____		
1st VICE COMDR _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
EMAIL ADDRESS _____		
2nd VICE COMDR _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
EMAIL ADDRESS _____		
3rd VICE COMDR _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
EMAIL ADDRESS _____		
ADJUTANT _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
EMAIL ADDRESS _____		
FINANCE OFFICER _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
EMAIL ADDRESS _____		
JUDGE ADVOCATE _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
EMAIL ADDRESS _____		
PROVOST MARSHALL _____	CARD NO _____	PHONE _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
EMAIL ADDRESS _____		

MUST BE SUBMITTED BY JULY 1

REV 02/2016

SEND COPY TO: AMVET RIDERS DEPARTMENT OF FLORIDA