**DISABLED AMERICAN VETERANS - DEPARTMENT OF VIRGINIA, INC.**

***For the year* 20 - 20**

This designation shall be completed by each Chapter receiving Department Thrift Store funds upon the initial appointment of the Thrift Store Representative (Primary and Alternate) or when it becomes necessary to replace or substitute the representative, either primary and/or alternate.

It is the responsibility of the representative (Primary or Alternate) to attend the quarterly Thrift Store meetings or any other Thrift Store meeting that may be called. **The representative is responsible to ensure all information distributed at the meeting is delivered to the chapter leadership/membership and the representative should take notes in order to convey information to the chapter.** It is the Chapter’s responsibility to hold the appointed representative accountable in the performance of his/her duties as the Chapter Thrift Store Representative.

The completed form, authenticated by the Chapter Commander *or* Adjutant, will be returned to the Department Adjutant within ten (10) days of appointment.

**Meeting notices and other Thrift Store related information shall be sent to either the**

**USPS or e-mail address, documented below, of the Primary Thrift Store Representative.**

………………………………………………………………………………………………………..

**Primary Thrift Store Representative**

 Name

 Address

 Email Address

 Telephone

**Alternate Thrift Store Representative**

 Name

 Address

 Email Address

 Telephone

…………………………………………………………………………………………………………

\_\_\_\_\_ **This designation is for fiscal year listed above.**

Chapter #:

 Chapter Commander *or* Adjutant Signature

Date:

 Printed Name of Signatory