

**Chapter Assistance Program Registration**

**FROM:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CDR:**  **ADJ**  **CHAPTER #:**\_\_\_\_\_

**REQUESTING ASSISTANCE**

1. Type of assistance requested: Financial Material
2. If Financial, amount requested: \_\_\_\_\_\_\_\_\_\_\_\_\_
3. If Material, what is needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Purpose/Use of funds or materials requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROVIDING ASSISTANCE**

1. Type of assistance provided: Financial  Material 
2. If Financial, amount provided: \_\_\_\_\_\_\_\_\_\_\_\_\_
3. If Material, what are you offering: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Additional information (if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Upon completion, send this form to the Department Adjutant**

***e-mail:* DAVadjutantVA@cox.net *fax:* (540) 206-2925**

 **Printed Name of Chapter Commander/Adjutant**

 **Signature of Chapter Commander/Adjutant Date**