

Veterans of Foreign Wars 2022 – 2023 Program Chairperson Appointments

Post #	_ City:
or Report for the District	#

Attn: Anna Arnold

1600 W Russell St, Ste 135 Sioux Falls, SD 57104 anna@vfwdeptsd.com

Following are the <u>Program Chairperson Appointments</u> for the listed Committees for <u>2022- 2023</u> year as required by the Department of South Dakota VFW:

Americanism: (Flags, Honor Guard, Voting, Memorial/ Veterans/Loyalty Day, POW/MIA, etc.)	Name: Address: City: State: Zip: Email: Phone Number:
Memorial Day Program:	Name: Address: City: State: Zip: Email: Phone Number:
Veterans Day Program:	Name: Address: City: State: Zip: Email: Phone Number:
Loyalty Day Program:	Name: Address: City: State: Zip: Email: Phone Number:
Buddy Poppy: (Fundraisers, Poppy Displays, Poppy Use, etc.)	Name: Address: City: State: Zip: Email: Phone Number:
Citizenship: (LE, EMT, Firefighter and Teacher of the Year, School, Church Events, etc.)	Name: Address: City: State: Zip: Email: Phone Number:
Law Enforcement of the Year Award:	Name: Address: Zip: Zip: Phone Number:

Emergency Med Tech of the	Name:		
Year Award:	Address:		
	City:	State:	Zip:
	Phone Number:		
Firefighter of the Year Award:	Name:		
i nonginor or the roal /thanar	Address:		
	City:	State:	Zip:
			zip
	Phone Number		
	THORIC HUITIDOI		
Teacher of the Year Award:	Name:		
reactiet of the real Award.	Address:		
	City:	Stato:	Zip:
	Email:	State	Ζιρ
	Dhono Numbor:		
	FIIOHE Number		
Community Involvement:	Nama:		
(Blood Drive, CPR, Recycling, or	Name:		
Other Community Involvement, etc.)	Address:	Stato:	Zip:
Other Community involvement, etc.)			
	Dhone Number:		
	FIIOHE Number		
Aid to Others and Relief:	Nama:		
(Hospital/Nursing Volunteers, Seniors,	Name: Address:		
Special Needs, etc.)	City:	Stato:	Zip:
Special Needs, etc.)			
	Dhono Numbor:		
	FIIOHE Number		
Cooperation with Other Organizations:	Nama:		
(March of Dimes, Muscular Dystrophy	Name:		
Veteran Organizations, etc.)	Address:	State:	Zip:
veteran Organizations, etc.)			
	Dhono Numbor:		
	FIIONE Number		
Safety:	Nama:		
(Drug, Home/Fire, Highway, Hunting,	Name: Address:		
Gun, Pedestrian, Recreational, etc.)	City:	State:	Zip:
	Phone Number:		
	i fiorie Nullibel		
National Home:	Name:		
(Donations, Memberships, etc.)	Address:		
	City:	State:	Zip:
	Email:	C tato	
	Phone Number:		
Youth Activities:	Name:		
(Scouting, Sports, Baseball, Education,	Address:		
Schools, etc.)	City:	State:	Zip:
	Fmail·	0.0.0.	Zip
	Phone Number		

Voice of Democracy:	Name:			
μ	\ddress:			
(City:	State:	Zip:	
E	Email:			
F	Phone Number: _			
Patriot's Pen:	Name:			
μ	\ddress:			
(City:	State:	Zip:	
E	Email:			
F	Phone Number: _			
Guard/Officer of the Day:	Name:			
	Address:			
(City:	State:	Zip:	
			<u> </u>	
F	Phone Number: _			
Membership & Recruiting Chairman:	Name:			
ļ.	Address:			
(City:	State:	 Zip:	
E	Email:		·	
F	Phone Number: _			
Publicity:	Name:			
(Newspaper/Newsletter, Facebook, etc.)	Address:		. <u></u>	
(City:	State:	Zip:	
E	Email:			
F	Phone Number: _			
Chief of Staff:	Name:			
A	Address:			
(City:	State:	Zip:	
E	Email:			
F	Phone Number: _			
Signed:				
Printed Name:				
Title:				
Date:				

Please return to Department Office via email or USPS no later than 1 July 2022