

## Veterans of Foreign Wars 2023-2024 Program Chairperson Appointments

Post #	City:
or Report for the District	<b>#</b>

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>2023-2024</u> year as required by the Department of South Dakota VFW:

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

<b>Emergency Med Tech of the</b>	Name:		
Year Award:	Address:		
	City:	State:	Zip:
	Phone Number:		
Firefighter of the Year Award:	Name:		
Thengine of the Teal Award.	Address:		<del></del>
	City:	State:	Zip:
			zip
	Phone Number		
	THORIC HUITIDOI		
Teacher of the Year Award:	Name:		
reactiet of the real Award.	Address:		<del></del>
	City:	Stato:	Zip:
	Email:	State	Ζιρ
	Dhono Numbor:		
	FIIOHE Nullibel		
Community Involvement:	Nama:		
(Blood Drive, CPR, Recycling, or	Name:		
Other Community Involvement, etc.)	Address:	Stato:	Zip:
Other Community involvement, etc.)			
	Dhone Number:		
	FIIONE 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:		<del></del>
Gun, Pedestrian, Recreational, etc.)	City:	State:	Zip:
	Phone Number:		
	i fiorie Nullibel		
National Home:	Name:		
(Donations, Memberships, etc.)	Address:		
(Bonatione, Memberenipe, etc.)	City:	State:	Zip:
	Email:	<b>C</b> tato	<b></b>
	Phone Number:		
Youth Activities:	Name:		
(Scouting, Sports, Baseball, Education,	Address:		
Schools, etc.)	City:	State:	Zip:
Joi 10010, 010.j	Fmail·	0.0.0.	Zip
	Phone Number		

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

Please return to Department Office via email or USPS no later than 1 July 2023