FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

Membership List Request

Date Requested _____

List Type Select _____

*If requesting **deceased list** provide date range* _____ *to* _____

Department Select _____

Chapter _____

Requester

Name _____

Title _____

Email _____

ZIP Codes for Hot List or Prospect List Requests (ZIP codes are only required for these types of lists.)

Email completed request to membershippublic@dav.org.