

Department of Massachusetts

24 Beacon St, State House, Rm 546 Boston, MA 02133-1042 Phone: 617-727-2974

www.davma.org

Please fill out this installation request form for your chapter installation and return it to Department Headquarters.

CHAPTER N	IAME	NUN	MBER	:	
DEPARTME	NT CONVENTION:				
		OR			
LOCATION (OF INSTALLATION:				
ADDRESS O	F INSTALLATION:				
TIME:		AM_		PM	
CLOSED (for	r chapter or department representatives)		OR	OPEN: (Anyone may atte	nd)
DAY OF WE	EK:				
DATE:					
nstallations N	MUST take place prior to 5/31/2024				
Signature & Title of Chapter Officer submitting form:					
NOTE: The linew officers:	Department Commander will be assign	ning one	of the	following individuals to	install your
	DEPARTMENT COMMANDER				
	DEPARTMENT SENIOR VICE COM	MANDE	ER		
	DEPARTMENT JUNIOR VICE COM	MANDE	ER		
	PAST DEPARTMENT COMMANDE	R			
	DEPARTMENT ADJUTANT				

<u>Upon receipt of your completed form in our office The Department Commander will inform you in writing whom he/she has selected for your installation.</u>

PAST CHAPTER COMMANDERS

Please send in your installation request as soon as possible, at least one month before the date of the Installation. <u>Your Installing Officer will carry the original warrant with</u> them to your installation and you will be mailed a copy.