

DISTRICT \_\_\_\_\_ HOSPITAL CHAIRMAN  
Number

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ FL \_\_\_\_\_  
Zip Code

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

District Hospital Chairman is responsible for ensuring all VFW Posts in your District have appointed a Hospital Chairman and reports are being submitted via the Department website.

**PLEASE COMPLETE THE ABOVE AND MAIL TO:**

Dani Hernandez  
Department Hospital Chairman  
Department of Florida VFW  
3294 Lake Effie Court North  
Jacksonville, Florida 32277  
Email: [dhernandez@vfwfl.org](mailto:dhernandez@vfwfl.org)