



2025 CCAP APPLICATION

Please Submit One Application per Awardee to Department
Headquarters **No Later Than April 1, 2025**

CHAPTER LOCATION & NUMBER: _____

NAME OF ATTENDEE: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

MEMBERSHIP NUMBER: _____

MEMBER OF DAV SINCE: _____

DATE OF MEETING APPROVED BY MEMBERS: _____

COMMANDER NAME

ADJUTANT NAME

COMMANDER SIGNATURE

ADJUTANT SIGNATURE

**CCAP Awardee's do not need to pay to register for the Convention or the Commander's Reception.
Department will book CCAP Awardee's Hotel Room.**

EMAIL: HQ@DAVCAL.ORG PHONE: 562.404.1266 WEBSITE: WWW.DAVCAL.ORG

KEEPING OUR PROMISE TO AMERICA'S VETERANS