## **VAVS National Advisory Committee Membership Application**

Return to: Voluntary Service Office (10C2), 810 Vermont Avenue, NW, Washington, DC 20420 (202)273-8952, FAX (202) 273-9040

1. Name of Organization:			
2. Type of Membership Request (check one	) New	Change in Statu	Termination
3. Membership Status Sought (check one):			
SERVICE (Voting) [provides volu	unteers and is repre	sented on local VAVS Commit	tee at a minimum of 30 VA facilities]
ASSOCIATE SERVICE [provide	es volunteers and is	represented on local VAVS Co	ommittee at a minimum of 15 VA facilities]
DONOR [donates significant funds	or materials to assi	st or benefit veterans at/to a m	inimum of 30 VA facilities]
ASSOCIATE DONOR [donates .	significant funds or	materials to assist or benefit v	eterans at/to a minimum of 15 VA facilities]
HONORARY [NAC member for	at least 10 years]		
4. If Membership Status Sought (3.) is OTH SERVICE or ASSOCIATE SERVICE – ple separate sheet OR attach copy of most recent DONOR or ASSOCIATE DONOR – please year on a separate sheet.	ase list the names at VA VSS report.	of all representatives/deput	
5. If type of Membership Request (2.) is NE A. National Representative	W – please comple	ete the following sections A B. National Certifying C	
Name:		Name:	
Addr:		Addr:	
Phone:		Phone:	
Email:		Email:	
Eman.		Eman.	
C. National Deputy Representatives (up to ei	ght with the appro	oval of the Director of the V	oluntary Service Office):
Name:	Name:		Name:
Addr:	Addr:		Addr:
Phone:	Phone:	P	Phone:
Email:	Email:	E	mail:
D. National Representative will receive Minu	ıtes.		
6. Person Submitting This Request: Name:		Title:	
Addr:		Phone	:
		Date of	of Request:
FOR VOLUNTARY SERVICE USE ONI	LY:		
DATES: REC'D REPLIED			
RECOMMENDATION TO DIRECTOR,		ERVICE OFFICE (10C2) [1	YI COPY OF REPLY TO THE

CHAIRPERSON OF THE VAVS NAC EXECUTIVE COMMITTEE]

on