

National Advisory Committee Membership Change

VAVS Organization Name:

Date:

National Representative

Replace Current National Representative

NAME:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

With New National Representative

NAME:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

☐ Check here if this is a change in address only.

National Representative will receive minutes.

☐ Check here to receive minutes by e-mail.

Deputy National Representative(s)

Replace Current Deputy National Representative

NAME:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

With New Deputy National Representative

NAME:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

☐ Check here if this is a change in address only.

(Use 'Comments' on reverse for additional changes.)

Add New Deputy National Representative (replaces none)

NAME:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

NAME:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

National Certifying Official(s)

NAME:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

NAME:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

☐ Address Change

☐ New

☐ Address Change

☐ New

Comments:

Effective Date of Changes:

This request submitted by:

NAME:

Title:

Phone:

RETURN FORM TO:

Mrs. Sabrina C. Clark, Director, Voluntary Service Office (10B2A)
810 Vermont Avenue, NW, Washington, DC 20420

Fax: (202) 495-6208 Phone: (202) 461-7300