National Advisory Committee
Membership Change

VAVS Organization Name: Date:

National Representative

Replace Current National Representative	With **New** National Representative
NAME:	NAME:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

☐ 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	With **New** Deputy National Representative
NAME:	NAME:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

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

(Use the 'Comments' section on the next page for any additional changes.)

Add New Deputy National Representative (replaces none)

NAME:	NAME:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

National Certifying Official(s)

NAME:	NAME:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

☐ Address Change ☐ New ☐ Address Change ☐ New

Comments:

Effective Date of Changes:

This Request Submitted By:

NAME:

Title:

Phone:

RETURN FORM TO:

Ms. Laura B. Balun, Director, Voluntary Service Office (10B2A)
810 Vermont Avenue, NW, Washington, DC 20420
Phone: (202) 461-7300 Fax: (202) 495-5323

Print Form

Submit by E-mail

Revised: 6/6/12; q:nac/forms/June 2012 Membership_Change.pdf