VAVS National Advisory Committee Membership Application

Print Form | Submit by E-mail

Return to: Voluntary Service Office (10B2A), 810 Vermont Avenue, NW, Washington, DC 20420
Phone # (202) 461-7300
FAX # (202) 495-6208

1. Name of Organization:

2. IRS Tax Code: *Example Code: (501C3)*

3. Type of Membership Request (check one): ☐ New ☐ Change in Status ☐ Termination

4. Membership Status Sought (check one):

☐ SERVICE (Voting) *[provides volunteers and is represented on local VAVS Committee at a minimum of 30 VA facilities]*

☐ ASSOCIATE SERVICE *[provides volunteers and is represented on local VAVS Committee at a minimum of 15 VA facilities]*

☐ DONOR *[donates significant funds or materials to assist or benefit veterans at/to a minimum of 30 VA facilities]*

☐ ASSOCIATE DONOR *[donates significant funds or materials to assist or benefit veterans at/to a minimum of 15 VA facilities]*

☐ HONORARY *[NAC member for at least 10 years]*

5. If Membership Status Sought (Item 4 above) is OTHER THAN HONORARY:
   - ~ Please include separate documentation of the Organization's Mission Statement and 990 form.
   - ~ For the SERVICE or ASSOCIATE SERVICE applicant, please list the names of all representatives/deputy representatives by VA facility name on separate sheet OR attach copy of most recent VA VSS report.
   - ~ For the DONOR or ASSOCIATE DONOR, please list the VA facilities that have received significant funds or materials during the past year on a separate sheet.

6. If type of Membership Request (Item 3 above) is NEW – please complete the following sections A, B, C, & D:

A. National Representative

Name:
Address:
Phone:
E-mail:

B. National Certifying Official

Name:
Address:
Phone:
E-mail:

C. National Deputy Representatives (up to eight with the approval of the Director of the Voluntary Service Office):

Name:	Name:	Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
E-mail:	E-mail:	E-mail:

D. National Representative will receive Minutes. Check here to receive minutes by e-mail: ☐

7. Person Submitting This Request: Name: Title:
Address: Phone:
Date of Request:

FOR VOLUNTARY SERVICE USE ONLY:

DATES: RECIEVED REPLIED

RECOMMENDATION TO DIRECTOR, VOLUNTARY SERVICE OFFICE (10B2A)
[FYI COPY OF REPLY TO THE CHAIRPERSON OF THE VAVS NAC EXECUTIVE COMMITTEE]